Dates of 2023 Meetings

20 January	17 March	2 June	1 September	8 December

DUMFRIES AND GALLOWAY
COMMUNITY PLANNING PARTNERSHIP BOARD
Meeting on Friday 17 March
1pm – 4pm
The Bridge, Glasgow Road, Dumfries DG2 9AW

Members

Gail MacGregor **Chair**	-	Leader Dumfries and Galloway Council
Nick Morris **Vice Chair**	-	Chair NHS Dumfries and Galloway
John Campbell	-	Chairman SWestrans
John Dougan	-	Chair Third Sector Dumfries and Galloway
Laura Douglas	-	Chair Dumfries and Galloway Integration Joint Board
Alan Glasgow	-	Dumfries and Galloway Housing Sector
Professor Russel Griggs	-	Chair South of Scotland Enterprise
Sheena Horner	-	Dumfries and Galloway Private Sector
Vacant	-	Councillor Dumfries and Galloway Council
Maureen Johnstone	-	Councillor Dumfries and Galloway Council
Jo Shearer	-	Vice Chair Third Sector Dumfries and Galloway
Stephen Thompson	-	Councillor Dumfries and Galloway Council

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Vacant - Councillor
Dumfries and Galloway Council

Caroline Stuart - Dumfries and Galloway Further and Higher
Education Sector

Dawn Roberts - Chief Executive
Dumfries and Galloway Council (advisor)

Jeff Ace - Chief Executive
NHS Dumfries and Galloway (advisor)

Norma Austin Hart - Chief Executive
Third Sector Dumfries and Galloway (advisor)

Andrew Kenna - 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 Morrison-Ross - Chief Executive
South of Scotland Enterprise (advisor)

Colin Cook - Place Director for Dumfries and Galloway
Scottish Government (observer)

Dates of Meetings 2023

17 March   2 June   1 September   8 December

DUMFRIES AND GALLOWAY
COMMUNITY PLANNING PARTNERSHIP BOARD

FRIDAY 17 MARCH 2023
1pm-4pm
The Bridge, Dumfries
MS Teams/Hybrid
AGENDA

1.00PM	**1. DRAFT MINUTE OF THE COMMUNITY PLANNING PARTNERSHIP BOARD MEETING HELD ON 20 JANUARY 2023**
1.05PM	**2. OUTLINE PROPOSALS ON THE REVIEW OF THE LOIP/LOCALITY PLAN AND COMMUNITY PLANNING MODEL**
1.30PM	**3.PLACE PLANNING UPDATE**
1.50PM	**4. END OF YEAR REPORT ON THE LOIP 2021/22**
2.10PM	**5. END OF YEAR REPORT ON THE LOCALITY PLAN 2021/22**
2.35PM	**6. DIGITAL SKILLS EXCLUSION RESEARCH AND DRAFT ACTION PLAN**
2.55PM	**7. DIGITAL SKILLS STRATEGY**
3.15PM	**8. COST OF LIVING UPDATE**
3.35PM	**9. UPDATES ON KEY PLANS AND STRATEGIES**
3.45PM	**10. BUSINESS BRIEF**
3.55PM	**11. FORWARD PLAN**
4.00PM	**CLOSE**

DUMFRIES AND GALLOWAY
COMMUNITY PLANNING PARTNERSHIP BOARD
Friday 20 January 2023
The Bridge, Glasgow Road, Dumfries

Item 1

Present

Stephen Thompson **Chair**	-	Co-Leader Dumfries and Galloway Council
Nick Morris **Vice Chair**	-	Chair NHS Dumfries and Galloway
John Campbell	-	Chair SWestans
Jo Shearer	-	Vice Chair Third Sector Dumfries and Galloway
Norma Austin Hart	-	Chief Executive Third Sector Dumfries and Galloway (advisor)
Iain Howie	-	Councillor Dumfries and Galloway Council
Maureen Johnstone	-	Councillor Dumfries and Galloway Council
John Dougan	-	Chair Third Sector Dumfries and Galloway
Gail Macgregor	-	Councillor Dumfries and Galloway Council
Dawn Roberts	-	Chief Executive Dumfries and Galloway Council (advisor)
Jeff Ace	-	Chief Executive NHS Dumfries and Galloway (advisor)
Karen Jackson (Substitute)	-	Director of Strategy, Partnership and Engagement South of Scotland Enterprise (advisor)

Andrew Kenna - Local Senior Officer, Scottish Fire and Rescue Service, Dumfries and Galloway Division (advisor)

Carol McGuire - Local Commander, Police Scotland Dumfries and Galloway Division (advisor)

Apologies

Colin Cook - Place Director for Dumfries and Galloway Scottish Government (observer)

Linda Dorward - Co-Leader Dumfries and Galloway Council

Laura Douglas - Chair Dumfries and Galloway Integration Joint Board

Maureen Dowden - Dumfries and Galloway Housing Sector

Professor Russel Griggs - Chair South of Scotland Enterprise

Sheena Horner - Dumfries and Galloway Private Sector

Jane Morrison- Ross - Chief Executive South of Scotland Enterprise (advisor)

Caroline Stuart - Dumfries and Galloway Further and Higher Education Sector

In attendance
Richard Grieveson - Head of Community Services

Stephen Jack - Lifelong Learning Manager

Mark Molloy - Service Manager – Young People

Valerie White - Director of Public Health

14 members present, including 5 advisors, from 9 partners.

The Vice Chair **WELCOMED** everyone to the meeting, and in particular the members of the Youth Council and Jo Shearer who was attending her first meeting as the new Vice Chair of TSDG.

1. DRAFT MINUTE OF MEETING OF DUMFRIES AND GALLOWAY COMMUNITY PLANNING PARTNERSHIP BOARD ON 11 NOVEMBER 2022
1.1 **APPROVED** as a correct record with the following amendment at Item 1.2 to confirm that the reference made was to the wider third sector rather than TSDG :
- under Item 2.3.1, reaffirmed commitment to continue to work in partnership with the third sector in developing proposals linked to the Shared Prosperity Fund and investment plan which is required to be submitted to Scottish Government

1.2 **NOTED** the following update on actions:
- under Item 1.2 confirmed the Stakeholder group membership had been refreshed and will be engaged to help advise on the new LOIP priorities before March CPPB meeting;
- An update on the South of Scotland Regional Economic Strategy Delivery Plan had been sent to Board members previously;
- Update on Place Planning will take place at the March meeting with an update paper going to CPEG on 26 January 2023;
- Under Item 2.5 due to Board members availability date yet to be confirmed to discuss the Community Transport Strategy;
- Under 3.5 a response on behalf of the CPPB was submitted as part of the Regional Transport strategy consultation;
- Under Item 7.4.2 awaiting an update on clarity on outcomes of the workforce summit from colleagues;
- Under 7.7.2 on the Local Development Plan noted that the Team Leader, Local Development Plan is part of the Place Planning Partnership and is involved in the locality plan development as part of the new LOIP;
- Under Item 8.3 actions agreed will be integrated into the new LOIP and new priorities.

1.3 **NOTED** under matters arising at Item 2.3.1 Head of Community Services had received an update from the Head of Economy and Development and the Employability and Skills Partnership Manager on work with TSDG around agreed comms; the approval of the submission of the fund will be going to Committee on 24 January and once approved by Committee there is a commitment from the Head of Economy and Development for further engagement through TSDG and the wider third sector across Dumfries and Galloway.

1.4 **AGREED** that in relation to the UK Shared Prosperity Fund and the Community Lead Vision Fund that The Chief Executive TSDG and Head of Community Services would work together to develop and present a discussion paper to a future CPEG meeting.

ACTION: HEAD OF COMMUNITY SERVICES/ CHIEF EXECUTIVE TSDG

2. ANNUAL JOINT SESSION WITH THE DUMFRIES AND GALLOWAY YOUTH COUNCIL

2.1 **RECEIVED** a presentation from the Youth Council on their current thinking and priorities before breaking into discussion groups to discuss specific areas of concern which included Mental Health Services for young people in Dumfries and Galloway; Young People's inclusion in decision making processes; and Environmental issues including organisations' response to the climate emergency;

2.2 The Chair **HIGHLIGHTED** the commitment of the CPPB to make these meetings as productive/interactive as possible and hopefully attendees will be positively changed by the experience; to listen to Youth Councillor's experiences of what it's like to live in Dumfries and Galloway; the key themes that have emerged and the importance of working together going forward to make a positive difference.

3. FEEDBACK

3.1 **NOTED** each group received a presentation from a relevant specialist Officer on the current picture in relation to each of the above topics, followed by a facilitated discussion session, before all participants returned to provide feedback and highlighted key issues and proposed actions:

3.2 Mental Health
- Wish to be aspirational in all priorities;
- Not sure if vision of staff and everyone involved is correct e.g., bullying can have significant negative impacts and contributes significantly to mental health;
- Discussion around bullying statistics, generational gap about bullying and many cohorts being missed with the services that are currently in place;
- Important to listen to the lived experiences of young people;
- Discussed the impact of social media and partners have to consider carefully how they make use of quicker/faster messaging to connect with young people i.e., Tik Tok;
- Lockdown and the pandemic has created a much bigger gap between generations and this needs to be strongly reflected in partners' service offer by working closely with young people who have that experience or the risk is that Services will get things wrong and signpost in the wrong direction;
- Leaders in schools not advocating the vision they have for a safe, kind compassionate society as much as they could do, which might help young people to realise that it is a place they can thrive in and may engage in mental health support services if they need to.

3.3 Young People's inclusion
- Utilised Lundy's checklist of participation during the workshop;
- Organisations are providing safe inclusive spaces for young people to express their views, providing and facilitating appropriate information;

- Acknowledge that there are lots of groups and opportunities for young people to take part in various projects, however felt improvements could be made in relation to how we are mapping this in regards to space and voice;
- Improvements required around the audience and sphere of influence with regards to young people's decision making e.g., ensuring young people's views are communicated to someone with responsibility to listen, importance of participation and providing feedback;
- Organisations are moving in the right direction but there is always room for improvement;
- Importance of transparency during consultations to show that if you can't do the things that people ask you to do then explain the reasons why not and more realistic opportunities will emerge if organisations are honest;
- Discussed how to engage with "hard to reach" people and hidden groups who are not involved with the Youth Council, charities, third sector and statutory bodies.

3.4 <u>Environmental issues</u>

- Acknowledged the net zero 2025 target for the Council is ambitious, but highlighted that it needs to be;
- Lot of good projects on the ground but funding and resources are a huge issue;
- Helpful to get an up-to-date picture of baseline emissions as last one produced was in 2018;
- Turn a climate emergency into a climate opportunity;
- Cost of living crisis has had a positive impact on climate e.g., turning heating and lighting off to reduce costs;
- Spoke about renewable energy opportunities in our region;
- Power of conversations e.g., Youth Councillors to have conversations with the Climate Officer Working Group and multiple organisations to discuss climate change with the Youth Council;
- Wider awareness of issues for young people about how they could help the climate;
- Discussed group projects which help the climate;
- Discussed whole ethos of just transition to net zero and the impacts it could have on the disadvantaged.

3.5 **COMMENTED** that everyone had a different take on the theme they were given to discuss, useful to hear different perspectives and get an awareness of what organisations are doing; everyone keen to work together and find opportunities to support the Youth Council to become fully engaged with all different partners towards those goals; awareness of mental health across all age groups and if the issues aren't addressed for young people then it creates an inherited problem which grows as people get older; aspiring to engage people in our conversations therefore must include young people in our discussions about the CPP agenda/priorities going forward and hear their perspective on how we are tackling issues; and need to understand our own contributions as individuals to support climate change as well as our understanding of organisation's contributions and then making it real, not just talking about it.

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3.6 **ENDORSED** that the three priority areas identified by the Youth Council are legitimate and that they should be used to inform the work of the CPPB and **DISCUSSED** how to adapt the way the CPPB works in order to be able to respond to these three priorities;

3.7 **FURTHER AGREED** to reassess the LOIP against these priority areas and check that existing strategies and plans are tailored to meet the needs of younger people and the way the world is moving and changing; to follow up with the Youth Council to capture their views and recommendations about how they engage with the CPPB going forward; and to promote and publicise the positive and constructive conversations with the Youth Council to the local communities.
ACTION: HEAD OF COMMUNITY SERVICES/ LIFELONG LEARNING MANAGER

3.8 **AGREED** that a joint press release should be issued to highlight the key issues raised and agreed at this meeting.
ACTION: SERVICE MANAGER – YOUNG PEOPLE/ LIFELONG LEARNING MANAGER

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COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023

ITEM - 2

Author: **Stephen Jack – Lifelong Learning Manager**	**Responsible Senior Officer: Richard Grieveson, Head of Community Services**

Report Title: Final proposals on the review of the Local Outcome Improvement Plan, Locality Plan and Community Planning Model

1. Situation:
1.1   The Community Planning Partnership Board is asked to approve outline proposals for a new Locality Outcomes Improvement Plan (LOIP); future Locality Plan arrangements and the finalised refreshed Community Planning Governance and Operating Framework/Terms of Reference to support the new Community Planning model for Dumfries & Galloway.

2. Background:
2.1   The Community Empowerment (Scotland) Act 2015 Part 2 [CE(S) A 2015] requires each Community Planning Partnership (CPP) to prepare and publish a Local Outcomes Improvement Plan (LOIP) and Locality Plan(s).

2.2   At the Executive Group meeting held on 26 January 2023, a draft Vision to support the new LOIP was agreed in principle along with a range of emerging priority areas being considered and which have been informed through the engagement process so far.

2.3   It was also agreed as part of the new Community Planning model that the existing Executive Group would require to be renamed to better reflect its new membership and revised remit. It should be highlighted that the Locality Hubs and the refreshed Stakeholder Group will likely evolve over time and therefore membership and remit will be subject to change as these develop in maturity. The Community Planning Governance and Operating Framework has been updated to reflect recent discussions with Community Planning Partners and is attached in **Appendix 1.**

2.4   As previously reported, the joint work ongoing with Public Health Scotland around data through the Localised Work Programme is proving to be integral in being able to identify local communities which should benefit from a focused Locality Plan specifically aimed at addressing inequalities.

2.5   The new Community Planning model in diagram form is attached as **Appendix 2**.

3. Key issues:
3.1   Developing our Vision and Timeline
3.1.1 Through previous discussions at the Community Planning Partnership Board, Executive Group and with Community Planning Partners, it has been highlighted that a strong and clear vision should be "front and centre" of a refreshed LOIP and that other key

Strategies/Plans which contribute to the LOIP should flow from this.

3.1.2   Examples of other Local Authority area vision statements/objectives and accompanying priorities were considered at the January CPEG meeting and which prompted discussion with the following vision statement being suggested for adoption:

> **"Our vision is simple: Working in partnership to ensure a confident, ambitious, healthy and fairer Dumfries and Galloway for everyone who lives and works here."**

3.1.3   The timeline for the existing LOIP was to cover the period 2017-2027 with a mid-term review built in. Again, recent discussions have highlighted the need for a longer-term Plan to be agreed to help focus our attention on making a real difference in our communities and therefore it is proposed that the new LOIP would run from 2023-2033 with a further mid-term review scheduled for 2028.

<u>3.2 Developing our Priorities</u>
3.2.1   At the December CPEG meeting the following overarching themes were agreed in principle subject to approval at the March CPPB meeting:
- Health & Wellbeing
- Work
- Where We Live

3.2.2   As it stands these themes would complement the four themes which have been identified through the development of a new Council Plan for 2023-2028 as follows:

- Economy
- Travel, Connectivity and Infrastructure
- Education and Learning
- Health and Wellbeing

3.2.3   Following the December CPEG meeting, a MS Teams survey was sent to the leads of the Plans/Strategies which contribute to the existing LOIP to help capture their respective views and key priorities against the 3 proposed overarching LOIP themes. This was further extended during January 2023 to the members of the refreshed Community Planning Stakeholders Group and Foodsharing Groups.

3.2.4   **Appendix 3** maps out the range of priorities identified through discussions at previous CPEG and CPPB meetings; feedback from the leads of Plans/Strategies which contribute to the existing LOIP; Stakeholder and Foodsharing Groups; Public Health Committee; Council's Corporate Management Team; and also the Community Planning Recovery Priorities previously identified to help provide a full overview picture.

3.2.5 Based on the feedback and comments received so far, potential key outcome areas and underpinning principles to support our themes could look like:

Health & Wellbeing	Work	Where We Live
Help mitigate the impacts of the Cost of Living for those who are affected	Grow and maximise the potential of the working age population to help	Capitalise on opportunities to collaborate digitally and eliminate digital exclusion for

most	increase employability	those who wish to engage digitally	
Reduce health inequalities in the areas of our region which experience the greatest negative impacts	Address the skills and recruitment gaps in key sector specific posts to increase capacity, capabilities and ease workforce pressures	Improve transport connectivity across our region to increase opportunities to access employment, education and leisure, particularly in our most rural areas	
Improve the health & wellbeing of our citizens through targeted approaches	Increase volunteering opportunities to help develop skills, build capacity and support progression into local employability	Work with our communities to help reduce Carbon Emissions and positively combat Climate Change through education, behavioural change and supporting initiatives which will make a positive difference	
Work together as partners to eliminate child poverty	Work with our local communities to develop an inclusive, thriving economy and to promote Fair Work	Develop high quality, affordable homes to help meet identified demand and improve the quality of lives of our communities	
Underpinning Principles			
• Community Empowerment & Engagement			
• Embracing and embedding Place Planning approaches			
• Working with our communities to build local community capacity, skills and resilience			
• Early intervention and Prevention			

3.2.6   Work has commenced with CP Partners and key stakeholders to develop a small number of specific actions to support the areas identified above and which will be focused around addressing inequalities linked to specific localised data and intelligence.

3.2.7   It is acknowledged that this is a challenging but critical area to get right and will require continued discussion with various Partners and Stakeholders over the coming months in the lead up to final documents being presented to the June CPPB.

3.3   Defining our Locality Planning approach
3.3.1   As highlighted and discussed at the December CPEG meeting, there is no one single set of data which adequately identifies and defines the specific neighbourhoods/localities which should benefit from a Locality Plan being developed to help address inequalities in our region, and therefore meet the requirements of the Community Empowerment Act. The approach needs to take into account:
   • Most recent SIMD data;
   • Localised intelligence/data;
   • Poverty and other relevant statistics such as employment, education and access to

key Services.

3.3.2   Through ongoing work to support the development of our new LOIP through the Public Health Scotland (PHS) Localised Working Group, it was recently brought to our attention the "Shaping Places for Wellbeing" programme, which is a collaboration programme between the Improvement Service and Public Health Scotland. Shaping Places for Wellbeing Programme | Improvement Service. Part of this programme involves selecting towns or communities and preparing a data profile for these areas to help understand inequalities:

- This consolidates publicly available data measurements into a standardised table at Intermediate Zone (IZ) granularity, which can lead to a drill down into measures of interest to look at over time and investigate granularity and details.
- The data report is used to drive engagement with local colleagues to apply local intelligence and develop consistent narratives.

3.3.3   Based on discussions with NHS Health Colleagues, and some of the initial work undertaken by PHS on data profiling based around intermediate zones, the following areas are emerging as potential priorities to be supported by a Locality Plan:

- Lochside and Lincluden
- Dumfries Central
- Summerville
- Annan East
- Upper Nithsdale
- Stranraer East
- Annan West
- Stranraer West

3.3.4   The majority of data extracts supporting the development of these profiles within D&G, and which also allows for regional and national comparisons to be made were taken in January 2023, across a variety of publicly available sources, including:
- ScotPHO (Scottish Public Health Observatory): ScotPHO profiles (shinyapps.io)
- NRS (National Records of Scotland): Statistics & Data | National Records of Scotland (nrscotland.gov.uk)
- CPOP (Improvement Service Community Planning Outcomes Profile): CPOP (shinyapps.io)
- DWP Stat-Xplore: Stat-Xplore - Log in (dwp.gov.uk)
- Scottish Government: statistics.gov.scot

3.3.5   This is still work in progress and it was agreed at the February 2023 Localised Working Group meeting that further work needs to be undertaken to support the rationale/evidence base for identifying a set number of areas to benefit from a Locality Plan and that the data within the profiles needs to be cross-checked with localised health data and other local intelligence to ensure consistency of message. It is proposed that completed and agreed profiles would be available in Plain English; would be publicly available and utilised as supplementary evidence to the support Locality Plans going forward.

3.3.6   The Locality data Profiles would also have a dual purpose in terms of supporting the work around developing the Local Development Plan 3.

3.3.7   The results of the second edition of the 10,000 voices consultation with Young People will also be available in March 2023. It is vital that key messages stemming from this research are also incorporated into our thinking and to help inform the key actions supporting our new LOIP.

3.4 Updated timeline

March CPPB	-Agreement on the new CP Governaqnce and Operating Framework/Terms of Reference, Outline LOIP outcome areas and approach to Locality Plans.
March CPEG	-Feedback/discussion on sample Locality data profiles produced by Public Health Scotland to help inform Locality Plans.
March/April	- Consideration of key messages from 10,000 voices consultation; - Scoping out specific actions to support LOIP outcomes; further stakeholder engagement, final discussion with the leads for existing Plans/Strategies and workshop.
May	-Completion of Impact Assessments; -Final amendments.
May Community Planning Senior Leadership Team (CPSLT)	-Commencement of new membership; -Presentation of final documentation in advance of June CPPB.
June CPPB Board	-Refreshed Board Membership commences; - Agreement on final LOIP/areas to be supported by a Locality Plan and next steps.

4. Recommendation:

4.1   Consider and approve the updated Terms of Reference to support our Community Planning model as outlined in the Community Planning Governance and Operating Framework attached in **Appendix 1;**

4.2   Consider and approve the proposed vision statement for the new LOIP as detailed at 3.1.2;

4.3   Consider and approve the suggested timespan of the new LOIP as detailed at paragraph 3.1.3;

4.4   Consider and agree in principle the proposed outcomes and underlying principles as outlined at 3.25 noting that these will be subject to refinement over the next few months;

4.5   Note and consider the approach and current position in relation to identifying communities which should benefit from a specific Locality Plan as detailed at section 3.3; and that this will be an evidenced based approach supported by a number of Locality data Profiles which shall be presented to the June CPPB; and

4.6   Approve the updated timeline as detailed at paragraph 3.5.

9 March 2023

Appendices (3)
Appendix 1 – Community Planning Governance and Operating Framework including Terms of Reference
Appendix 2 – New Community Planning model
Appendix 3 – Priorities

APPENDIX 1

COMMUNITY PLANNING GOVERNANCE

AND OPERATING FRAMEWORK

17 MARCH 2023

1.0   NATIONAL CONTEXT

Community Planning

1.1   Community planning is about how public bodies work together, and with local communities, to design and deliver better services that make a real difference to people's lives.

1.2   It drives public service reform by bringing together local public services with the communities they serve, and provides a focus for partnership working that target specific local circumstances. Partners work together to improve local services and to ensure that they meet the needs of local people, especially those who need the services most.

1.3   Full background detail is available as part of the Community Empowerment (Scotland) Act through the following link:
[Community Empowerment (Scotland) Act 2015 (legislation.gov.uk)](legislation.gov.uk)

Community Planning Partnerships

1.4   A Community Planning Partnership (or CPP) is the name given to all those services that come together to take part in community planning. There are 32 CPPs across Scotland, one for each council area. Each CPP focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality.

Local Outcomes Improvement Plan and Locality Plan

1.5   CPPs are responsible for producing two types of plan to describe their local priorities and planned improvements:

- Local Outcomes Improvement Plans, which cover the whole council area.
- Locality Plans, which cover smaller areas within the CPP area, usually focusing on areas that will benefit most from improvement. Each CPP will produce at least one Locality Plan and some CPPs will produce many – there is no fixed number.

Community participation

1.6   Community participation lies at the heart of community planning, and applies in the development, design and delivery of plans as well as in their review, revision and reporting. Consultation is no longer enough - CPPs and community planning partners must act to secure the participation of communities throughout.

1.7   CPPs should organise themselves in whatever way they think will help them to work well. As part of this, they should make sure that everyone involved is clear about what they have agreed to do and who is responsible for doing what.

2.0 Membership and Governance arrangements

Community Planning Partnership Board (CPPB)	
Community Representative	Community Councillor (currently vacant) (1)
Dumfries & Galloway Council	Five Elected Members (Leader and the four largest Political Group Leaders) (5)
NHS Dumfries & Galloway	One representative (Currently Chair of NHS Board)
Integration Joint Board	One representative (Currently Chair)
Regional Transport Partnership	One representative (Currently Chair)
South of Scotland Enterprise	One representative (Currently Chair)
Third Sector	Two representatives (Currently Chair and Vice Chair of Third Sector, Dumfries and Galloway)
Dumfries & Galloway Housing Sector	One representative
Dumfries & Galloway Private Sector	One representative
Observer Scottish Government	Location Director
Advisor from the Community Planning Senior Leadership Team	One representative
Dumfries & Galloway Council	Chief Executive
NHS Dumfries & Galloway	Chief Executive
South of Scotland Enterprise	Chief Executive
Third Sector Dumfries & Galloway	Chief Executive
Police Scotland	Local Commander
Scottish Fire & Rescue Service	Local Senior Officer
Skills Development Scotland	Head of Operations
Dumfries & Galloway College	Principal

Board Remit

- Develop a joint vision and focused outcomes for Dumfries & Galloway informed through community engagement and developed in partnership with our communities.
- Provide collective strategic leadership, oversight, direction and governance in relation to all Community Planning activities.
- Encourage a culture where relationships are built on mutual trust; that there is a shared commitment to continuous improvement and partners accept challenge and hold each other to account.
- Ensure partners are working together effectively and making a positive difference within our communities through a Place Planning approach.
- Seeking opportunities to work collaboratively and strategically on areas of mutual interest such as additional external funding, national consultations on major developments and invitations from government to test or pilot ideas.

- Ensuring that every opportunity is taken to join up the work of the strategic partnerships to maximise the added value that could be provided by the CPPB in delivering the LOIP.
- Ensure partners align their collective resources in ways which support its local priorities effectively and efficiently.
- Approve partnership strategies and action plans within the context of the LOIP, as appropriate.
- Provide oversight and scrutiny of progress against agreed Strategic Plans ensuring connections are being made against cross-cutting themes and priorities identified within the LOIP.
- Lobby at national level with a collective voice on the key issues affecting our local communities.
- Respond to key emerging issues impacting on our communities and those being experienced by thematic and strategic partnerships as identified through Community Planning Senior Leadership Team (CPSLT).
- Scrutinise and approve the Performance Management Framework for Community Planning and monitor Risk.

Criteria for Membership

- Appointed representatives as having a duty of Community Planning in legislation.
- DGC Elected Members.
- Representatives from a range of Strategic Community Planning Partners.
- The organisations represented must have a strategic role in setting the agenda for the region and actively contributing to the identified LOIP priorities and addressing inequality across our region.
- The representatives must be able to commit time, funding and/or other resources to Community Planning.
- Members may nominate a substitute.

Chair/Vice Chair
- The Partnership will be chaired by the Leader of Dumfries and Galloway Council, or, in the Chair's absence, by the Vice Chair, the Chair of NHS Dumfries and Galloway.
- In the event that the Chair and Vice Chair are not at the meeting, a Chair will be chosen by those present at the meeting.

Meetings
- The CPPB will meet four times per year.
- The quorum for the meeting will be seven members, representing at least four different member organisations/forums.
- The Head of Community Services (DGC) will ensure executive and administrative support.
- All members of the Board can request items for future reports.
- Agendas will only include items of a strategic nature and which contribute to our agreed Community Planning priorities.

- All meetings are open to the public.
- Decisions taken by the CPPB must be followed through by reports being submitted to the relevant partner agencies' decision-making system e.g. for the Council, the relevant Council Committee.

Decisions taken outwith meetings
- There may be occasions where decisions are required to be taken between meetings. In such instances, the decision making will be delegated to the CPSLT in consultation with the Chair and Vice Chair and actioned by the Head of Community Services. The matter will be reported at the next CPPB meeting for homologation.

Voting
- Consensus should be reached wherever possible. However, in the event that the Partnership is unable to reach consensus in any matter a vote may be required.
- All members of the Partnership have equal status and where issues are to be voted upon, each member has one vote.
- In the event of an even number of votes 'for' and against', the Chair will have the casting vote.
- Votes will be made by roll call and recorded in the minutes.

Communication Channels
- Copies of agendas and reports will be available on the Community Planning website www.dumgal.gov.uk/communityplanning or through the Community Planning lead Officer.
- Agendas and reports will be circulated to the Partnership one week prior to the meeting.

Community Planning Senior Leadership Team (CPSLT)	
DGC Chief Officer – to be advised	Dumfries & Galloway Council
Director Public Health or Nominated Senior Officer	NHS Public Health
Chief Officer Health & Social Care or nominated Senior Officer	NHS Health & Social Care
Chief Executive TSDG or nominated Senior Officer	Third Sector Dumfries & Galloway
Senior Officer	South of Scotland Enterprise
Superintendent	Police Scotland
Group Commander Protection and Prevention	Scottish Fire & Rescue
Principal or nominated Senior Officer	Dumfries & Galloway College
Head of Operations or Area Manager	Skills Development Scotland

Remit

- To provide advice and guidance to the Board on key matters relating to Community Planning.
- To advise the Board on issues linked to strategic partnerships not contained within community planning but relevant to delivery of community planning partnership board's goals.
- Develop, implement and progress work programmes which contribute to the priorities identified within the LOIP and Locality Plans and as agreed through the CPPB.
- Encourage a culture where relationships are built on mutual trust; there is a shared commitment to continuous improvement and partners accept challenge and hold each other to account.
- Drive forward key actions at pace within agreed timescales.
- Develop proposals, options and recommendations for consideration by the Board and which will support the achievement of LOIP outcomes.
- Champion Place based approaches and support Locality Planning across CP Partners.
- Receive Partnerships' work programmes/strategic plans advise the CPPB of significant issues such as changes in policy direction and/or budget challenges.
- Utilise and analyse local intelligence/data to help support a bottom up - evidenced based approach to Community Planning and to help target and prioritise resources.
- Ensure alignment between strategic and local priorities and shared monitoring of performance.
- Receive regular updates from Locality Hubs on issues affecting our communities and agree partner resources to deliver on improvement actions as required.
- Respond to national and local matters affecting our communities and that impact on Partners' resources.
- Identify successes and areas of best practice for sharing.
- Identify where training and/or development is required across the partnership in order to deliver improvement.
- Oversee the development of the Community Planning Performance Framework and Risk Register.

Criteria for membership

Nominated Senior Officers from:
- Dumfries and Galloway Council
- South of Scotland Enterprise
- NHS Dumfries and Galloway
- Dumfries & Galloway Health and Social Care Partnership

- D&G College
- Skills Development Scotland
- Scottish Fire & Rescue Service
- Police Scotland
- Third Sector D&G
- Other Senior representatives from CP Partners may also be invited, as appropriate, to provide key updates updates/discuss a specific subject matter.

- Representatives must be able to make decisions of a strategic nature on behalf of their respective organisation.
- Representatives may nominate a substitute.

Chair/Vice Chair
- A Chair and Vice Chair will be appointed from the organisations represented on a rotating arrangement across the various Partners.

Meetings
- The Group will normally meet on a bi-monthly basis.
- The Head of Community Services will ensure executive and administrative support for the meetings.

Decisions taken outwith meetings
- Should any matter arise in between scheduled meetings and which requires an urgent decision then the Chair/Vice Chair shall make a decision in consultation with the wider membership of the group and will be reported to the next Group Meeting for homologation.

Communication Channels
Agendas, reports and minutes will be circulated by the Council to Group members' respective and Personal Assistants where requested.

The views made and decisions taken by the CPSLT will be incorporated into reports to the Board.

Community Planning Locality Hubs	
Third Sector D&G	Community Engagement Managers
DGC	Ward Officers and Managers
DGC	Economic Development Team
NHS Health & Social Care	Health and Social Care Partnership Health and Wellbeing team
SoSE	Community Development Advisers
Other representatives, including community representatives and young people, will be invited to participate in meetings, as required, in relation to specific pieces of work and key projects.	

Support arrangements

Annandale and Eskdale
Secretariat Support (excluding minute taking)/ Chair: Third Sector Dumfries and Galloway (TSDG) Engagement Manager (East).

Nithsdale
Secretariat Support (excluding minute taking)/ Chair: TSDG Engagement Manager (East).

Stewartry
Secretariat Support (excluding minute taking)/ Chair: TSDG Engagement Manager (West).

Wigtown
Secretariat Support (excluding minute taking)/ Chair: TSDG Engagement Manager (West).

Minute taking duties will be undertaken on a rotational basis.

In the absence of a TSDG representative, a Chair shall be appointed from other CP Partners along with a minute taker.

Remit
Locality hubs offer a multiagency platform to enable coordinated delivery of services to address communities' needs in each area. The purpose of the locality hubs is to sustain a culture of collaboration and partnership working in order to maximise the contribution of communities to Dumfries and Galloway. The locality hubs exist to ensure communities are at the heart of place/locality planning. They are the 'keepers' of the place planning principle and process in localities.

The objectives of the hubs are:

- To adopt the place planning principles and process in localities.
- Be a co-ordination point for partners around place/locality planning and the involvement of communities.
- Report to CPSLT/CPPB on progress and key issues affecting our communities.

- Identify priority issues facing our communities and agreeing collective action.
- Agree partner resources to help tackle issues affecting our communities and supporting identified key local projects.
- Support the Place Planning Partnership to develop an operational approach to place/locality planning based on the hubs' collective understanding of the needs of communities.
- Implement guidance and assurance to communities and partners in the planning and delivery of place/locality plans.
- Contribute to the development of locality hub action plans.
- Maintain an up-to-date knowledge of the funding and resources available for communities in each area, influencing decision making wherever appropriate.
- Maintain an up-to-date overview of the number and nature of partnerships and community organisations in localities.
- Proactively ensure that the joint working within each area is maximised for added value.
- Identify collaborative opportunities for communities in their Covid recovery and renewal.
- Identify training and development needs.
- Commit to a journey of self-improvement/reflective practice.

Criteria for membership

- Locality based officers representing Community Planning Partners.
- Other representatives, including community representatives and young people, will be invited to participate in meetings, as required, in relation to specific pieces of work and key projects.

Meetings
- The locality hubs will have a Chair, who will facilitate the locality hub meetings. The Chair will reside from TSDG and be the Community Engagement Manager West/East dependent upon the geographical location of the locality hub.
- Each locality hub will have a representative from the group that will take a record of the meeting so that key decisions and actions can be recorded and circulated. This will be separate from the Chair and can be on a rotational basis.
- The locality hubs will be a safe space for partners to meet and discuss collaborative working practice, projects and issues and share intelligence regarding the aims and purposes of the locality hubs knowing that locality hub views are shared only if agreed.
- The locality hub meetings will have an agenda and agenda items will be agreed between its members. At the meetings a written record will be taken and actions from the meeting will be recorded and circulated.

Frequency
- The locality hubs will meet either online, in person, or both. There will be at least 12 meetings per year.
- Subgroup meetings may be convened to meet a particular need and will meet at a frequency agreed by the members.

Communications
- Outwith the locality hub meetings, information will be sent from members as per the terms of reference.
- The locality hub will be responsible for contributing to an annual performance report to the CPPB with more regular updates to the CPSLT/CPPB as required/requested.

Community Planning Stakeholder Group

Support arrangements
- Through the D&G Community Planning Office

Remit
- To act as a reference group and consultee on key matters in relation to Community Planning and including:
- Changes in National/Local policy/strategy which may affect our region.
- Contributing to the development and implementation of priorities identified within our LOIP/Locality Plans.
- Providing intelligence and evidence to support a bottom up-evidenced based approach.
- Provide information, data and intelligence to support annual reporting against the LOIP.
- Promote Community Planning principles, objectives and practices in the respective partner organisations.
- Celebrate success and achieve consensus.

Criteria for membership
- Lead Officers/representatives from groups/organisations who contribute to Community Planning.
- The representatives must be able to speak on behalf of their organisation and ensure a communications flow within their organisation.

Meetings
- The Community Planning Lead Officer will ensure executive and administrative support as required.
- Meetings will be virtual in the majority of cases.

3.   FINANCIAL FRAMEWORK

(a)   Existing Resources

The CPPB shall ultimately be accountable for scrutinising that services operate in line with Best Value; are shifting towards prevention; and are directed towards the Priorities identified within the Local Outcomes Improvement Plan (LOIP).

(b) Future Strategic Developments

The CPPB is responsible for setting the strategic direction for partnership developments and projects across the community planning partners. The CPSLT and the CPPB respectively shall be utilised to help identify and agree the joint collective resource required to tackle inequalities in our region and to support Locality Planning. As such, this means that where the CPPB agrees, Board members will be expected to recommend to their individual parent organisations how resources should be utilised in order to deliver on the shared strategic activity.

Whilst the CPPB has a role in making recommendations about how one organisation might look to deploy its resources, it has no authority to make decisions about how one organisation will spend its money.

(c) Monitoring and Reporting

Information on aligned and joint budgets, together with a performance and activity report from the managers of the services, will be presented to the CPSLT and then the CPPB on an annual basis. Information on joint resourcing and planning will feature as part of the Partnership's annual update on the Improvement Plan.

4. THEMATIC STRATEGIC PARTNERSHIPS CONTRIBUTING TO THE LOCAL OUTCOMES IMPROVEMENT PLAN

Children's Services Strategy and Planning Partnership (CSSaPP)
Chair: Head of Quality and Curriculum and Chief Education Officer, DGC
Support: Children's Services Officer, DGC

Community Learning and Development Partnership
Chair: Lifelong Learning Manager, DGC
Support: Team Leader, Lifelong Learning, DGC

South of Scotland Regional Economic Partnership
Chair: DGC or SBC Senior Elected Member (Rotation)
Support: Director Strategy, Partnership and Engagement (SOSE) and Director Economy and Resources (DGC)

Poverty and Inequalities Partnership
Chair: Independent Chair
Support: Service Manager, Youth Work (includes Poverty and Inequalities) DGC

Employability and Skills Partnership
Chair:
Support: Service Manager, Economic Development: Employability and Skills, DGC

Integration Joint Board
(Health and Social Care Partnership)
Chair: Board Member
Support: Chief Officer Health and Social Care

Safer Communities Partnership
Chair: Vacant
Support: Resilience and Community Safety Manager, DGC

Strategic Housing Forum
Chair: Senior Elected Member DGC
Support: Strategic Housing and Regeneration Investment Team Leader, Economy & Resources Directorate

Dumfries & Galloway Cultural Partnership
Chair: Vacant
Support: Leisure, Culture and Wellbeing Manager DGC

Alcohol & Drugs Partnership
Chair: Independent Chair
Support: ADP Lead Officer

5.   COMMUNITY PLANNING THEMATIC WORKING GROUPS
Equality and Diversity
Chair: (rotating)
Support: Community Planning and Engagement

Participation and Engagement
Chair: Stuart Hamilton, Ward Manager, DGC
Support: Community Planning and Engagement

Place Planning Partnership
Chair: Jamie Ferguson, Community Development and Empowerment Manager
Support: Community Planning and Engagement

Resettlement Project
Chair: Liz Manson
Support: Community Planning and Engagement

APPENDIX 2

NEW MODEL FOR COMMUNITY PLANNING

Dumfries & Galloway
Together is Better

New Vision and Local Outcomes Improvement Plan for Dumfries & Galloway – 2023-2033

| Health & Wellbeing | Work | Where We Live | Place & Locality Planning |

Small number of key outcomes and actions supporting each theme focusing on the "added value" elements that will be driven forward through the CPPB and CP Senior Leadership Team

Community conversations/ward events/ local profiling data/stakeholder engagement

Key Plans and Strategies contributing to the LOIP

Place & Community Neighbourhood Plans

Locality Hubs

Community Planning Senior Leadership Team

Community Planning Partnership Board

APPENDIX 2 - Priorities

Wellbeing	Work	Where We Live
Discussions through CPEG/CPPB		
• Cost of Living • Addressing health inequalities • Reducing drug related deaths • Addressing child poverty	• Improving Workforce Planning & Development across partners • Addressing the skills & recruitment gap in key sector posts • Maximising the potential of volunteering • Fair work • Developing our working age population • Retaining our young people to study and work within our region • Stimulating our local economy	• Recognising the importance of "Place" • Improving transport connectivity • Eliminating digital exclusion • Collectively addressing climate change
Community Planning Partners Recovery Priorities		
• Personal Resilience	• Workforce Challenges • Education & Employability	• Digital • Climate • Place Resilient Communities
CPP Recovery Objectives		
• Vulnerable people are safe & healthy • Community Health model is developed	• Education and Employment Opportunities are maximised • People are connected digitally • People are connected physically • Volunteering is developed across our region	• Town Centres are re-started • Our communities are vibrant
CPP Recovery Plan – key actions		
• Building on the Summer Programme delivered for Children and families in low-income households which	• Development of a systematic and system wide approach to recruitment	• Use intelligence from complaints and visitor management arrangements to

provides coordinated access to food, childcare, and activities during the holidays.

- Young People's Mentoring and Leadership – to promote and embed wellbeing and capability approaches across different service settings.
- Coordinate partners activities in the locality hubs through lead officers of initiatives and projects.
- Increased Support for Domestic Violence
- Develop a comprehensive plan for the promotion of Children and Young People Health and Wellbeing.
- Locally based Mental Health and Wellbeing – for children and young people aged 5 to 24
- Embed Counselling in schools and review CAMHS working across agencies
- Physical activity promoted.
- Physical activity and sport strategy - Refresh
- Business case for the implementation of region wide physical activity and culture referral pathways – Creating an early intervention/ prevention offer with access to Social Prescribing for a wider client base with the aim of achieving better outcomes
- Peer to Peer learning

across D&G starting with Health and Social Care

- Development of Workforce Summit and methodologies to encourage a regional approach to maximise Employment opportunities.
- Coordination of Volunteer offer.
- Support for volunteers Recognition and rewards are in place.

inform deployment of support / infrastructure design.

- Utilise learning from Visitor Management Programme Summer 2021.
- Those who need it most have access to a device / broadband etc.
- Digital Training and upskilling for our communities.
- Digital training and upskilling for our workforce.
- Improved Broadband coverage.
- DAGCOL - Develop Digital Hubs to fulfil original vision / funding award.
- Increase in Partners signed up to the Digital Strategy
- Identify measures and steps to promote Digital inclusion.
- Build on strong community and personal resilience.
- Capitalise on trust and shared respect between public bodies and communities.
- Empowerment is supported.
- Civic Pride is encouraged and supported.
- Community led Planning.
- Development of Community Led Local Place Plans.
- Personal and Community Resilience.
- Build and Extend Community led - Place based funding.
- Continue to build on Locality Hub Model.

		- Partners respond to emerging need / ideas which help communities to recovery. - Being able to take forward ideas being suggested by local groups / organisations to respond to the Climate change agenda. - All Public Sector partners - Community Asset transfer and Participation requests. - City Status and City of Culture entries. - 20 Minute Neighbourhoods.
Feedback from the leads of Plans/Strategies currently contributing to the LOIP		
1. High quality affordable homes. 2. The principle of twenty minute neighbourhoods. 3. Independent living. 1. Child poverty 2. mental health support 1. Addressing the cost of living/poverty challenges 2. Removing inequalities/barriers and improving access to/from health services 3. Leading behavioural change to encourage more physical activity including provision of data on health benefits	1. Identifying emerging priorities. 2. Areas for growth (construction sector capacity). 3. Community Wealth Building 1.Creation of more jobs – getting more jobs into the region will be biggest driver to tackling poverty. 2. Fair pay for fair work 1. Identifying and addressing sectoral skill shortages 2. Develop workplace planning to enable people to access work in the most sustainable way that assists in a just transition to net zero 3. Removing barriers and improving access to/from employment	1. High quality affordable homes. 2. The principle of twenty minute neighbourhoods. 3. Independent living. 1.Tackling fuel poverty and cost of fuel 2. Transport 1. Developing place planning that enables liveable and productive places that assist in a just transition to net zero. 2. Addressing the regional workforce and skills shortage (operational and strategic) across the transport sector. 3. Developing a strategic collaborative approach with neighbouring and national transport agencies to meet our ambitions for improved transport connectivity within and to/from our region

1. Addressing health inequalities 2. Poverty actions plans Resilience building in communities 1. High quality environment to live and work in which will support people's health and wellbeing 2. Easily accessible, high quality open spaces and places 3. Accessible health and social care 1.Children and young people (prevention/life course) 2.Prevention and early intervention 3.Improving mental health & wellbeing 1.Supporting partnership coherence and agreement for sustained actions to improve population health 2.Community mental health and wellbeing (across the life course) 3.Preventing physical and mental ill health among infants/children and young people	1.Building a skilled workforce for the future 2.Growing the working population of D&G 3. Supporting a thriving economy 1. Make Dumfries and Galloway a place where business wants to invest 2. Community Wealth Building, create opportunity for all 3. Diverse, green economy that contributes to net zero carbon ambitions 1.In work poverty 2.Childcare and employment 3.Transport 1.Fair Work: influencing the promotion of good working conditions, including paying the living wage, having flexibility in working hours and good communication within the workplace 2.Supporting action to promote good mental health in the workplace 3.Action to raise awareness of disability employment gap	1.Addressing digital exclusion 2. Place based planning 3. Promoting the benefits of D&G within and outwith the region 1. Local living / 20 minute neighbourhoods - sustainable, well connected communities where services and facilities can easily be accessed 2. communities actively involved in planning their future development Housing - high quality, affordable and adaptable
Comments received from the Community Planning Stakeholder Group/ Foodsharing Groups		
Health and Wellbeing	**Work**	**Where We Live**
Access to our natural environments including the coast access to nature - some all ability open spaces with biodiversity measures planned	Support people to work in the local environment (eg by better training / internships / apprenticeships)	Access to our local natural environment including the coast. Communities also need to be climate ready, able to adapt to a changing environment.

or underway access to community lead support mechanisms access to appropriate social care mechanisms

Address fuel poverty. Address inequality of housing allowance to single people under 35yrs of age (ie shared room rate of housing allowance). Short term DHP is not the answer. Support community based social prescribing projects/services to assist increasing numbers of those experiencing low level mental health issues and isolation post Covid-19. Support for those in recovery from former substance abuse

Partners should take a co-ordinated approach, across Dumfries and Galloway, around staff development in the area of trauma informed practice. With increasing numbers of Ukrainian refugees and the mental health impacts of the pandemic, practitioners being well equipped to recognise trauma is increasingly important. Partners need to identify shared actions that can support the increasing number of economically inactive citizens in order to identify and remove barriers currently preventing them from accessing education, employment or training

Building on the gains of Covid, the community-based support which enabled so much good work addressing the negative

Appropriate development considering social, flood and drought constraint's Green skills value and training Net zero conversations were relevant

Assist people on low incomes with travel to work costs. Many jobs are part-time spread over several days. People can't afford to take up employment. Address lack of digital skills.

Partners and stakeholders to work together to champion and promote the principles of fair work through any employer engagement. We also need to work to establish the principles fair work with young people in schools to raise their awareness of the issues. Equip individuals with the skills and competencies to thrive in a dynamic labour market. Help them to be resilient and adaptive individuals able to re-skill and up skill to meet the demands of industry. Build in equality and inclusion to all actions thereby encouraging a more diverse talent pool and improving participation rates amongst groups such as those with a disability, those who have experienced care and those living in poverty amongst others. Partners should work together to co-design learning and training opportunities that meet the needs of the local area, recognising the distinctive opportunities and challenges that living and working in Dumfries and Galloway presents.

Addressing barriers to employability and employment across all sectors of the

Flood and drought awareness High temperature measures - shading etc Shelters for area's where people meet Climate adaption measures which could be employed Planning together for these issues

Assist people on low incomes access the private rented sector. Social housing will never address all housing need and due to lack of supply has to gatekeep to address needs of most vulnerable. D & G is one of the lowest wage economies and under employed areas in Scotland. People on low or insecure incomes, unless they have other mitigating factors, are rarely allocated social housing and so need to rely on the private rented sector.

All partners need to adopt a place-based approach to the delivery of services. This should result in greater collaboration, maximising stretched resources to get the most out of them, whether this is in sharing physical space or co-designing services to meet the needs of individual communities. The engagement of the community in helping to plan services is central to creating a shared understanding of what each community needs.

Enabling bottom up community led development by investing in CLD expertise Encouraging locality plans that have links to

impact of Covid on mental health outcomes Young people's mental health a priority	population Removing lack of transport as a barrier to training and work by creating a community transport hub Enabling shared Modern Apprenticeships	relevant funding sources Creating a Local Action Group which is a focus for sustainable decision making on public funding into communities

Are you aware of any key issues linked to specific geographical areas of our communities across Dumfries & Galloway which need to be addressed?
- Public transport is often limited in all rural areas of D&G and expensive. People can't always make full use of their surroundings or get to places which would help their health and well-being. Some parts of the D&G coast will be susceptible to flooding / sea level rise / erosion etc. and so communities in those areas need to be prepared.   - Climate change - higher rainfall, more flooding in winter, higher temperatures and drier in summer diffuse pollution from land use is downgrading water quality Septic tanks may cause issues and access to sewage services can limit development size Fish barriers - some are bridge aprons - impacting on fish communities accessing habitats Straightened and channelled rivers not able to cope with sediment inputs from upstream Straightened rivers not able to cope with flood events and dry out too much in summer Calls for dredging from frustrated stakeholders when there is no real flood alleviation impact and always a loss of critical habitat   - Off gas grid rural areas that have to use fuel to heat their homes which does not attract social tariffs and needs paying for upfront ie oil/LPG. Cost of public transport and lack of an integrated public transport network across rural areas. Can't rely on community transport schemes which are often used for statutory sector purposes ie school runs/lunch clubs etc so not available to get people to work or to volunteer. Appalling digital connectivity in Dumfries town centre ie Vennel. Not just rural areas! Flood defence system urgently needed for Whitesands   - As a partnership we should look to monitor the participation measure and identify the areas with the lowest rates of participation and direct appropriate resources and interventions to these identified areas. Rurality is a persistent challenge in Dumfries and Galloway. Travel connections across the area can make it difficult to access certain opportunities thus restricting the opportunities available.   - The question of how to maximise the impact of wind farm community benefit funding in a more strategic way remains to be answered. Digital exclusion or restriction should no longer be tolerated in our large rural region. Working with private sector providers there should a community led strategic approach to infrastructure. Borderlands digital programme remains remote.
Please detail any other suggestions or comments you have in relation to the development of the refreshed LOIP?
Climate change / natural environment needs to be considered as a cross-cutting theme across the plan. Communities need to be resilient to the possible effects of climate change such as sea level rise.

- To be ambitious not just include outcomes that are easily achieved. To invest in meaningful and funded independent community engagement and participation of those that use services to ensure the LOIP is fit for purpose. Not good enough to just rely on the services involved to do this.

- The refreshed LOIP should reflect the experience and legacy of Covid and the Cost of Living crisis. There should references to people with lived experience in the development of all strategy and policy. The LOIP for D&G should be distinguishable from any other LOIP- unique to D&G, it should reflect the fact that we have the lowest waged economy in Scotland, we have a huge need to attract and retain young people and this should be linked to all aspects of services for C&YP. Our natural environment is second to none and we face many challenges to the use of D&G land.

COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023

PLACE PLANNING UPDATE 2022/23

Item 3

Report Authors: **Jamie Ferguson – Community Development and Empowerment Manager**	**Responsible Senior Officer:** **Richard Grieveson, Head of Community Services**

1. Situation:
1.1   To update the Community Planning Partnership Board on current developments in relation to Place Planning.

2. Background:
2.1 National Picture
The Community Empowerment (Scotland) Act 2015 empowers communities to take action in their local areas. Scottish Government defines Community Planning as: a process which helps public agencies to work together and with the community to plan and deliver better services which make a difference to people's lives. Place Planning is also a bottom-up approach that requires input and support from a wide range of partners if communities are to develop plans that reflect their needs and aspirations to make their communities healthy and thriving places to live and work.

2.2 The Planning (Scotland) Act 2019 contains a new right for communities to produce their own Local Place Plans and to have these considered within Local Development Plans.

2.3 Published in January 2022, Planning circular 1/2022: Local Place Plans provides guidance to communities and planning authorities on the preparation, submission and registration of Local Place Plans.

Local Place Plans
2.4 Local Place Plans offer the opportunity for a community-led, collaborative approach to creating great local places and enable communities to have a positive influence in the future planning of development in their areas.

2.5 Local Place Plans are based on the Place Standard Tool which invites local communities to reflect on 14 questions around the quality of life in their community. **(Appendix 1).**

2.6 Local Place Plans will provide an evidence base for partners to work together at a local level based around communities' needs and aspirations.

2.7 The Scottish Government has enacted regulations for registered Local Place Plans to be considered in the Local Development Plan. Part of the requirement will be to provide advice and support to local communities as they construct their Place Plan should they desire to do so. The Place Planning Partnership (PPP) provides that support and advice to local communities.

2.8 As agreed with the Community Planning Partnership Board Partners on 12 November 2021, partners with initiatives around Place formed the Place Planning Partnership (PPP).

2.9 The PPP meets monthly and is well attended by partners with a stake in Place Planning (current partners are listed in Appendix 2).

2.10 Agreed Approach
At the meeting of the CPPB on November 12th 2021, the following was agreed as next steps for the PPP:

- Moving from the strategic planning to implementation stage of Local Place Plans – role of Locality Hubs and partners is paramount in terms of helping to develop communities thinking around their Local Place Plans in terms of health and wellbeing;
- Rolling out training on Place/joint workforce development across partners with Public Health Scotland;
- Arranging further training for PPP on specific issues around Place Planning;
- Collating case studies of 'good practice' in community-led plans e.g., Dynamically Different Dumfries, Annan Master Plan, Lochside Regeneration Plan with Wheatly group;
- Mapping of current Place and Community Plans;
- Communicating with communities to develop the offer from Partners;
- Developing the Council's Place Planning Webpage and process for registered Local Place Plan;
- The development of Locality Hubs.

3. Key Issues:

3.1 Over the past year, the partners involved in the PPP have been contributing to the development of thinking about place, contributing to the processes and guidance offered to communities via the Local Place Plan website. These have involved some of the following:

- NHS and Social Care colleagues have contributed to thinking around the relationship between place and health, in particular, how resilient, and well-structured communities can contribute to upstream intervention with partners and communities to enable our communities to contribute to addressing local health issues. For example, Local Place Plans might consider walking and cycling routes, green space, and community space along with opportunities to create community

cohesion and reduce social isolation. Thus, contributing to improvements in mental and physical wellbeing.

- SOSE has shared 'good practice' examples of supporting investment to contribute to place plans that reflect communities needs and aspirations. They have always adopted a principle of Place as a determinant of how investments and developments can be channelled.

- The Stove Network champions the need to look at place from a grassroots level and the benefits of using creative arts to begin conversations with communities. This is evidenced in the work of the Midsteeple Quarter project and the 'What We Do Now' Project – a place-based project employing creative practitioner to work within communities across D&G to co-create effective change.

- Third Sector Dumfries & Galloway has made a sound contribution to the thinking of the partnership through its experience of working with communities face-to-face. TSDG has helped ensure that the guidance materials produced are user friendly and inclusive, producing an animated step by step guide to Local Place Plans.

3.2 During the last year, the work of the PPP has seen significant progress, chiefly in the following areas:

A. The production of a webpage and guidance materials to support communities to develop their Local Place Plans;

B. The arrangements for communities to express an interest in creating a Local Place Plan and to receive face-to-face support in its development;

C. The development of a process to support communities including the creation of Local Place Teams;

D. The progress of the Borderlands Place Plans;

E. The development of the Locality Hubs agreed as the Locality community planning locus by the Community Planning Partnership Board and led by Third Sector Dumfries & Galloway;

F. Contact by the Local Place Teams with communities expressing an interest. To date, we have received 9 expressions of interest; (**Appendix 4**)

G. Consultation on the Local Place Plan Policy and Process;

H. Consult on funding opportunities for Local Place Plan development;

I. The sharing of training and knowledge between partners.

A. Webpage & Guidance Materials

3.3 Partners have contributed to the development and design of the Dumfries and Galloway Council Local Place Plan Webpage which offers support and guidance to local communities interested in creating a Local Place Plan. This webpage was 'soft launched' at the end of November 2022. Guidance materials contained within the webpage include a Local Place Plan Toolkit to help your communities understand the various steps required in preparing a Local Place Plan. The documents within this toolkit include:

- A Local Place Plan Template

- An Overview of Local Place Plans

- Preparing your Local Place Plan

3.4 The webpages and guidance materials were developed and tested with community groups prior to public launch. Third Sector Dumfries & Galloway contributed an animated video to detail the steps to creating a Local Place Plan.

3.5 This webpage also contains Dumfries & Galloway Council's Invitation to Communities to create a Local Place Plan. In order to begin discussions with Council Officers about creating a Local Place Plan, groups must complete an expression of interest form.

B. Local Place Teams

3.6 To assist communities interested in developing a Local Place Plan, the Council has developed Local Place Teams to provide ongoing support and guidance. These teams consist of trusted local contacts, comprising of a Ward Officer, Planning Officer, and Place-based Economic Development Officer. After receiving an expression of interest form, the Local Place Team will make contact to arrange an initial meeting with the group.

C. Local Place Plan Process

3.7 Production of 'Preparing Your Local Place Plan' toolkit which is on the Local Place Plan website.

D. Expressions of Interest

3.8 To date, there have been 9 expressions of interest received from community organisations. In addition, the community of Lochside is developing a Place Plan which will inform the Council and Wheatly group Masterplan for the housing and public realm redevelopment in that area.

E. Borderlands Inclusive Growth Deal

3.9 Five communities are currently involved with first phase of the Borderlands Place Programme – Kirkconnel & Kelloholm, Stranraer, Wigtown, Whithorn and Gretna. These communities are being supported by the Council and CPP partners to prepare Place Plans as a first step towards accessing capital project funding through the Borderlands Inclusive

Growth Deal. Kirkconnel and Kelloholm is the first to have completed their Place Plan. This will be presented to the Borderlands Partnership Board meeting in March 2023 for approval as the basis to advance to the preparation of a Town Investment Plan. For the Investment Plan to be approved the potential capital projects identified in the Place Plan will need to be developed to a technically advanced stage such that costs and benefits are well understood. The work to prepare the Place Plan for Stranraer is well underway, with Wigtown, Whithorn and Gretna being mobilised.

F. Third Sector Dumfries and Galloway- Locality Hubs

3.10 The CPPB board agreed that Locality Hubs would be the recognised local planning forum for community planning. The hubs have a key role in supporting joint work at locality level. Locality hubs are now firmly in place and comprise the key partners around Local Place Plans.

G. Consultation on the Local Place Plan Policy and Process

3.11 This document is being presented to Economy and Resources Committee on 14 March 2023 and lays out Dumfries and Galloway Council's interpretation of Scottish Government's LPP Policy

H. Consult on funding opportunities for Local Place Plan development

3.12 Dumfries and Galloway Council through the UK Shared Prosperity Fund are exploring opportunities to designate 'seed' funding to assist community groups in developing Local Place Plans. The PPP has been consulted on the plans and their feedback will be considered in plans moving forward.

I. Training & Learning

3.13 The PPP is a forum through which partners can share learning and knowledge. Training and knowledge sharing which members of the partnership have benefitted from and contributed to include:

- Place Standard Tool Training (provided by Public Health Scotland and Kirkconnel and Kelloholm Development Trust);
- Role of and links between health and Place;
- Community Wealth Building (provided by South of Scotland Enterprise);
- Collating case studies on 'good practice' placemaking projects throughout region;
- Mapping existing Place and Community Plans;
- Creative Placemaking sessions – the role of creativity in place and placemaking (provided by the Stove Network);
- Attending SURF's 20 Minute Neighbourhood Network;
- Active Travel Strategy (provided by Sustrans).

Internal Place-focused learning and development included:

- Graduate research project into creative placemaking;
- Training days with colleagues in Council to establish links between investment and Place;
- Across services teambuilding session with Ward Officers, Planning Officers, and Place-based Economic Development Officers (in progress);
- Presentation on the Legalities of Planning Act (2019).

3.14 Discussions are continuing with other CPPs about how they are managing place and sharing best practice.

3.15 The Community Planning Officer continues to support the PPP; and this forum is adding value to the joint work.

3.5 Next steps
The proposed priorities for the PPP for 2023-2024 agreed by the Community Planning Executive Group in January 2023 are detailed in (**Appendix 5**)

4. Recommendation:
Board Members are invited to;
4.1 consider, note and endorse the direction of travel for the PPP and the Place Planning agenda; and
4.2 ensure that community planning partners have adequate representation on the PPP.

Appendix 1 – Place Standard Tool 14 Questions
Appendix 2 - Place Planning Partners Membership
Appendix 3 – Place Planning Partners Terms of Reference
Appendix 4 – Local Place Plans Expressions of Interest
Appendix 5 – Place Planning Partnership Priorities for 2023/24

APPENDIX 1

DUMFRIES & GALLOWAY COMMUNITY PLANNING EXECUTIVE GROUP

PLACE PLANNING PARTNERSHIP MEMBERSHIP – ORGANISATIONS REPRESENTED

- Borderlands Inclusive Growth Deal

- Community Planning Partnership

- Dumfries and Galloway Council

  o Community Planning and Development

  o Economic Development

  o Employability and Skills

  o Strategic Housing

  o Youth Work

- NHS Dumfries & Galloway

- South of Scotland Enterprise

- The Stove Network

- Third Sector Dumfries & Galloway

APPENDIX 2

Dumfries and Galloway Community Planning Partnership

Place Planning Partnership Group

TERMS OF REFERENCE

As at March 2022

1. The Place Planning Partnership (PPP) Group remit is to:

- develop strategic joint working arrangements around 'Place'

- map current activity across communities and partners; maintain an up-to-date record

- better understand the requirements of Community Place Plans, statutory Local Place Plans and Borderlands Place Plans

- develop joint workforce training in 'Place' and locality working (delivered by John Howie - NHS Health Scotland, Place Organisational Lead)

- develop a co-ordinated Partnership offer to communities to support them to develop their Place Plans

- identify and share best practice at national level and in other areas

- help develop peer learning across our communities

- provide updates to the Community Planning Partnership Board

2. The PPP Group membership

2.1 The current membership is drawn from the Initiatives/organisations listed below:

- Borderlands Inclusive Growth Deal
- South of Scotland Enterprise
- The Stove Network ('What We Do Now' Project)

- Third Sector Dumfries and Galloway
- Dumfries and Galloway Health and Social Care
    - o Communications and Engagement Service
    - o Community Health & Social Care (Home Teams/Public Health Improvement)

- Dumfries and Galloway Council
    - o Business and Enterprise Team
    - o Community Development, Engagement and Locality Working Service
    - o Economic Development
    - o Planning and Building Standards Service
    - o Town Centre Restart
    - o Youth Work Services

2.2 There is no limit to the length of time a member can serve on the group. A member may stand down from the group at any time subject to a replacement member being nominated.

3. Principles and Values

- The PPP works with communities and does not do things to them
- We value local empowerment and that Place Plans and Place Development are community-led or co-produced with communities
- The Place Principle is adopted by the PPP
- We coordinate support to Local communities to identify their strengths, needs, areas for development and to realise their ambitions
- We recognise that communities may wish to develop diverse approaches to understanding Place and that one model does not fit all
- The PPP Partners have equity of status, and all voices are valued
- We believe in building and sustaining relationships between public services and community groups – helping them both to understand and act on the needs or issues that communities experience.
- We believe in community empowerment, including co-production, as a way for those who run public services and those who use them, to come together to make the most of their own skills and ideas to improve how services work.
- We support and help develop action that will positively impact the community's health and wellbeing; and that reduce inequalities.

4. Length of Term

4.1 The Terms of Reference are effective from March 2022 and will be ongoing pending review or change of national or local advice.

5. Meetings

5.1 There will be 12 meetings a year lasting for around one hour.

5.2 Members of the Group can nominate a substitute to attend a meeting if the member is unable to attend. The Chair will be informed of the substitution prior to the scheduled nominated meeting. There is an expectation that the substitute will come to the meeting well briefed. The substitute will provide relevant comments/feedback about the attended meeting to the member they are representing.

6. Amendments

6.1 The Terms of Reference will be reviewed annually to ensure they provide an emphasis on good practice, development of understanding of Place, etc. and any changes to Scottish Government advice or policy. Any substantial changes to relevant legislation as well as local policy and governance, regulations, and guidance will be notified to the Community Planning Partnership Board.

Place Standard –
How Good is Our Place?
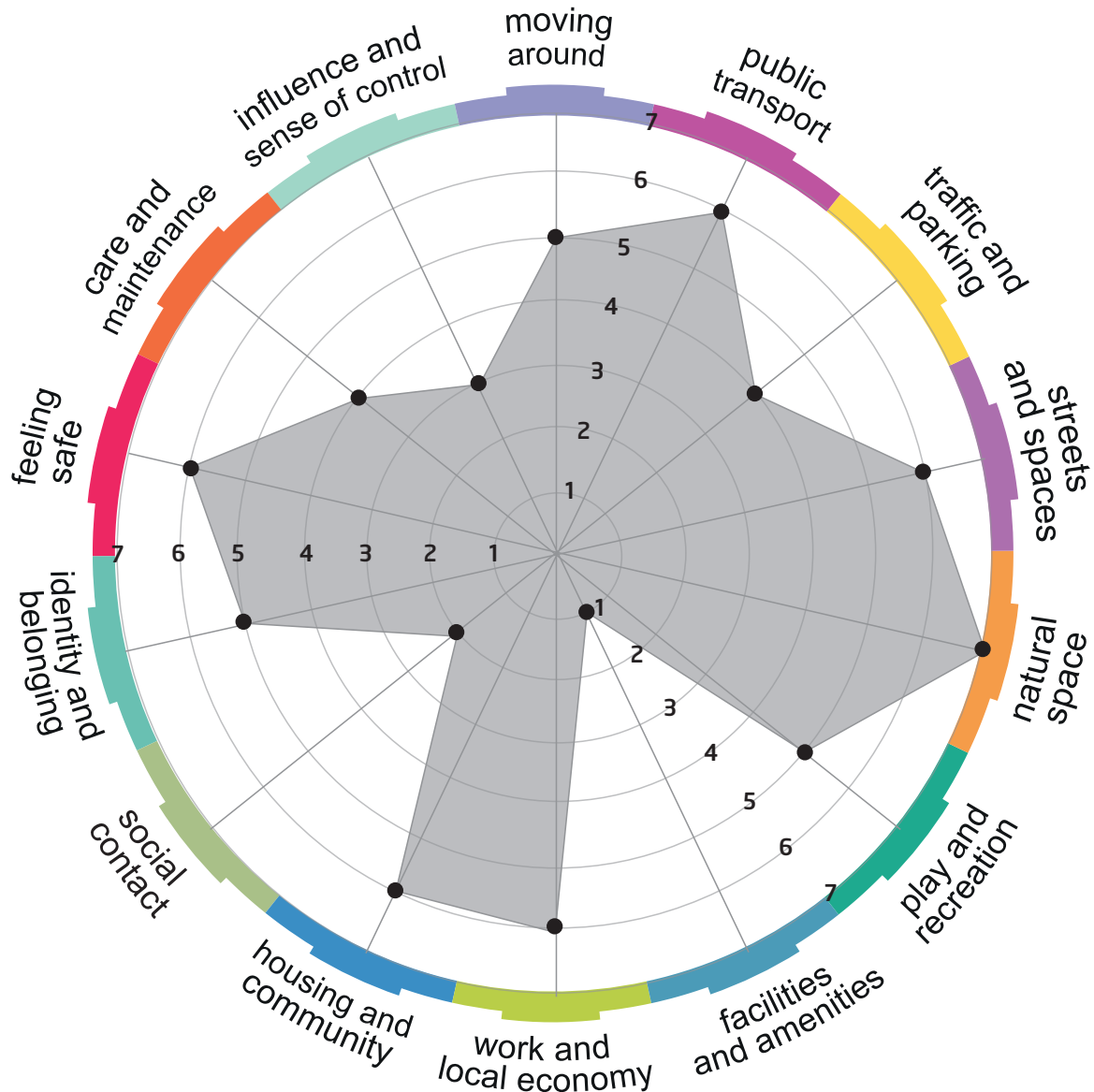
The Place Standard is a way of assessing places. Whether the place is well-established, undergoing change, or is still being planned, the tool can help you.

The Place Standard tool provides a simple framework to structure conversations about place. It allows you to think about the physical elements of a place (for example its open spaces and transport links) as well as the social aspects (for example whether people feel they have a say in decision making). Research shows that the way places function, look and feel can influence our health and wellbeing.

The tool provides prompts for discussions, allowing you to consider all the elements of a place in a methodical way. The tool pinpoints the assets of a place, as well as areas where a place could improve.

The Place Standard is a tool that is used to assess the quality of a place. It can assess places that are well established, undergoing change, or still being planned. The tool can also help people to identify their priorities for a particular place.

The tool is simple and free to use.
It consists of 14 questions which cover both the physical and social elements of a place. We have provided prompts to help you answer the questions. When you have answered all 14 questions, you plot the results on a simple diagram (as shown on the previous page).

Why place is important

Where we spend our time has an important effect on our lives and our wellbeing. Improving the quality of places and the opportunities we have access to can help to tackle inequalities.

Understanding the existing and potential strengths of a place can help us make good decisions and allow us to target resources to where they are needed most. This approach can deliver better results over the long term.

The Place Standard tool can also support the design and delivery of successful places, creating good-quality development where people want to live.

Who the tool is for

The tool is designed for everyone to use – communities, the public sector, the third sector (voluntary and non-profit organisations), and the private sector. People will want to use the tool in different circumstances and for different purposes, but it allows people to work together productively and consistently across sectors and boundaries.

Area

The tool allows different sizes and types of places to be assessed. This can be in urban or rural areas. It can include whole towns or neighbourhoods. You can use the tool to assess existing places, as well as places that are still being planned. Those involved in assessing a place should agree beforehand the area they are going to assess.

How to use the tool

You can either complete the tool on paper, or go online to http://www.placestandard. scot/#/home. There is also a Place Standard app for Apple or android devices.
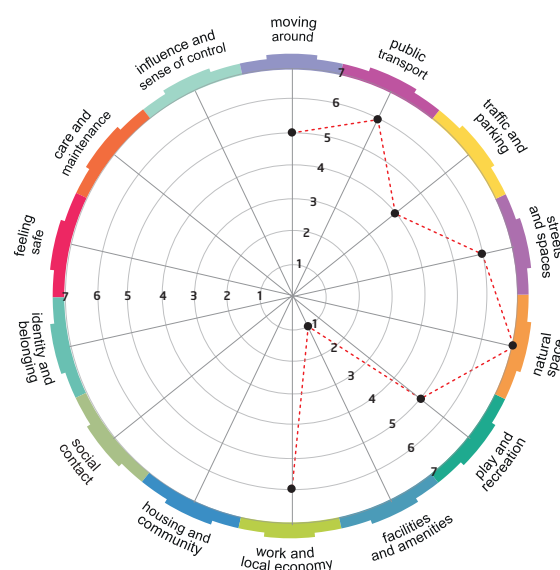
You will need to do the following:

- Record who you are. Say whether you are completing the tool as an individual, or representing a group, and agree the area you are going to assess.

- Answer each question by giving a rating on a scale from 1 to 7. We have provided some prompts to help. If you are answering as a group you should agree the rating between you. There is a space for you to record the reasons for your answers.

- When you have answered all the questions, plot each rating on the compass diagram (this will be done automatically if using the online tool).
  In this example (opposite) the 'Moving around' question was rated as a '5'.
  The next question, 'Public transport' was rated a '6'. Draw a line between each point as you go along.

- After the diagram is complete, you can look at the results and agree priorities and actions. We have provided space for you to list the main issues.

There may be instances where the question does not seem relevant or where you feel you do not have enough information to answer. In these cases you should think about the area that you are assessing as part of a larger place, or make sure that there is a way in which the views of the community can be properly taken into account.

If the tool is being used to help plan a new development where a community is not yet established, you will want to think about what it will be like to live there. It will also be useful to consider the needs of, or effect on, neighbouring communities.

It is recommended that you refer to the National Standards for Community Engagement (http://www.scdc.org.uk/what/national-standards/) if you are applying the Place Standard within a process of community consultation.

Results

The diagram produced will be easy to understand. It should show, at a glance, the areas where a place is performing well and where there is room for improvement. If you have assessed a place as good, the shape of the diagram will be fuller, reaching towards the edge of the circle (as shown in the example on page 4, for 'Public transport'). Where a place is seen as performing poorly, the shape will be smaller, remaining towards the centre of the diagram (as shown in the example for 'Facilities and amenities').
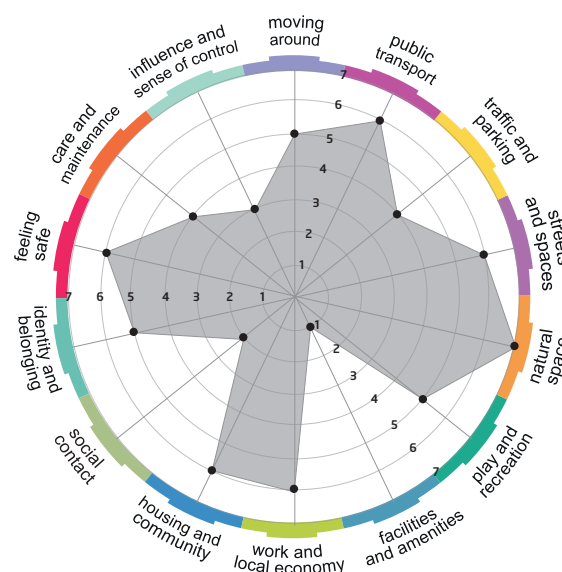
There is no benchmark or minimum standard. The tool is used to measure the strengths and assets of a place and to show areas where action may be taken.

When to use the tool

The Place Standard tool can help you to achieve a number of aims.

Communities can use the tool to assess what works about their place and where it needs to improve. This may be part of a wider discussion about regenerating an area, or it might be to support a new place or development which is planned nearby.

Local authorities and Community Planning Partnerships can use the tool to help plan their activities and decide on their priorities for action. The development sector can use the tool to find out what communities need and create good places where people want to live.

What happens next

The Place Standard tool is part of a process, not the end of the process. When considering what you might do next, you should think about opportunities to develop and build on the conversations and relationships the tool has started.

The tool allows you to assess the place consistently, and over time to see if improvements have been made. To get the most out of the tool you will want to record the qualities of the place you are assessing and the reasons for your rating. This will help you to set out your ambitions for the place.

Moving around

Walking and cycling are good for our health and the environment. Pleasant and safe routes can encourage walking and cycling.

Now think about the place you are assessing and ask yourself:

Can I easily walk and cycle around using good-quality routes?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. Record your rating on the compass diagram.

Think about the following when considering your rating:

- Are there enough routes for walking and cycling?
- Are walking and cycling given priority over cars and other traffic as much as possible?
- Do routes provide obvious and direct links with the places that people want to go, such as schools, shops, parks and public transport?
- Are routes good quality, attractive and pleasant to use?
- Do routes meet the needs of everyone, whatever their age or mobility, and is there seating for those who need it?
- Do routes feel safe to use all year round and at different times of the day?

Use this space to note the reasons for your rating.

Public transport

Access to an affordable, reliable and well-connected public transport service is important for all communities. Good public transport encourages people to get around in ways that are better for the environment.

Now think about the place you are assessing and ask yourself:

Does public transport meet my needs?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Are public transport services frequent and reliable?
- Do they take people to where they want to go?
- Is public transport safe and easy to access, whatever their age or mobility ?
- Are bus stops and stations in convenient places and within walking distance of people's homes and is there seating for those who need it?
- Do bus and train stations have what is needed, for example, toilets, secure parking and cycle storage?
- Can everyone afford public transport services?
- Are facilities and vehicles of good quality and well maintained?

Use this space to note the reasons for your rating.

Traffic and parking

Too much traffic can cause problems for people who live in, work in, or visit an area. Traffic and parking arrangements that allow people to move around safely can help people to get the most out of a place.

Now think about the place you are assessing and ask yourself:

Do traffic and parking arrangements allow people to move around safely and meet the community's needs?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Do people take priority over cars and other traffic?
- What impact does traffic have on health and wellbeing in the place (you might want to think about access, noise and air quality)?
- Is parking in a safe and secure location?
- Are traffic-calming measure used effectively to benefit the community?
- Are there too many cars and too much traffic in the area?

Use this space to note the reasons for your rating.

Streets and spaces

Buildings, landmarks, greenery, views and natural landscape can all help to create an attractive, distinctive place that people enjoy. These features can also help people to find their way around.

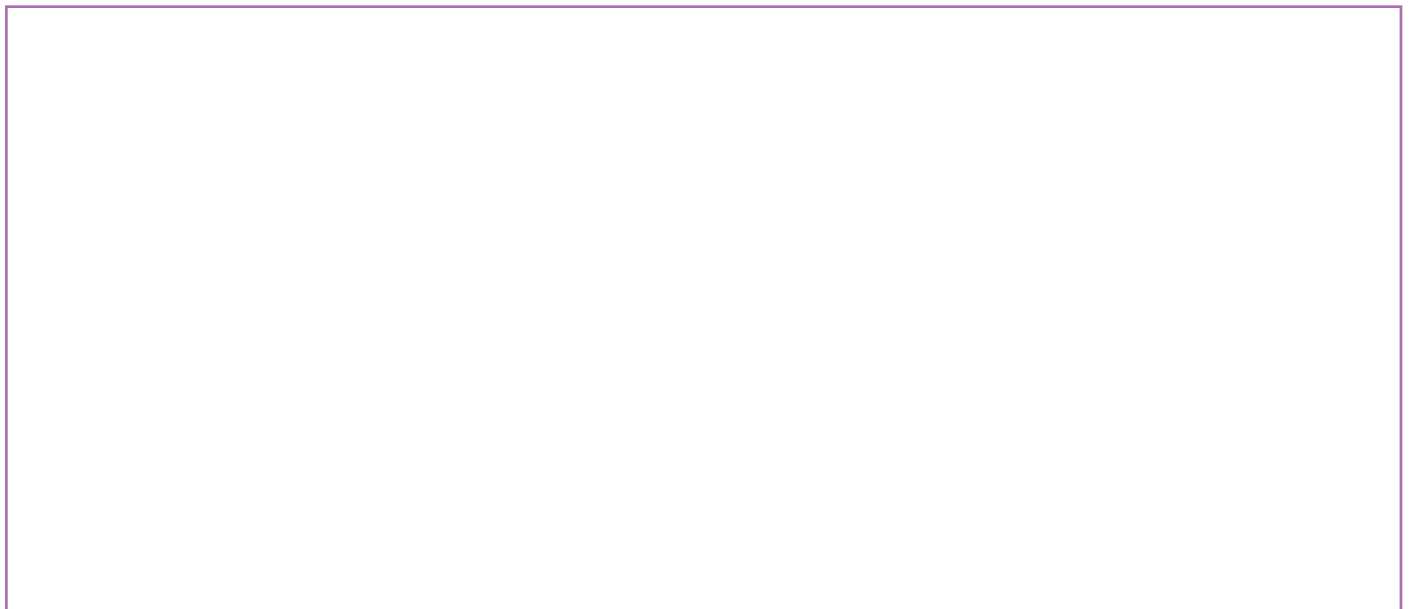Now think about the place you are assessing and ask yourself:

Do buildings, streets and public spaces create an attractive place that is easy to get around?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Do the buildings or public spaces make being in or passing through the area a pleasant experience?

- Are there positive features such as local landmarks, historic buildings, public squares or natural features that make the place look attractive?

- Do poor aspects such as derelict buildings, vacant land or excessive noise reduce the effect that these positive features have?

- Do features and routes help people find their way around?

- Is it much harder to enjoy the place at night, in different seasons, or during bad weather?

Use this space to note the reasons for your rating.

Natural space

Natural space includes parks and woodlands, fields, streams and rivers, green space alongside paths and roads, and tree-lined streets. These can be good for wildlife, improve air quality and benefit our health and wellbeing.

Now think about the place you are assessing and ask yourself:

Can I regularly experience good-quality natural space?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

• Is there a variety of natural spaces that are available to people?

• Are there opportunities for people to experience and have contact with nature?

• Is the natural space attractive and well maintained and is there seating for those who need it?

• Is the natural space affected by negative features such as excessive noise or poor air quality?

• Is a range of natural space accessible to everyone, whatever their age, mobility, disability, sex, ethnic group, religious belief or sexuality?

• Will the natural space continue to meet people's needs in the future?

Use this space to note the reasons for your rating.

Play and recreation

Good places encourage children to play and allow adults to enjoy leisure and sporting activities. Opportunities for play and recreation can improve the quality of our lives and our health.

Now think about the place you are assessing and ask yourself:

Can I access a range of space with opportunities for play and recreation?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- What are the opportunities to take part in play and recreation? (You may want to think about specific groups such as teenagers, older people, children with disabilities and so on.)
- Are the spaces and facilities to support play and recreation of good quality, well maintained and used to their full potential?
- Are the spaces and facilities accessible and can everyone afford to use them?
- Are children able to challenge themselves and build their confidence while playing?
- Does the community welcome children playing outdoors?
- Is access to, or the feeling of safety within, spaces and facilities affected by the time of day or year?

Use this space to note the reasons for your rating.

Facilities and amenities

Facilities and amenities are the things that we need to live and enjoy life. This can include shops, schools, nurseries, libraries, GP surgeries and places to eat, drink and meet friends. Access to facilities and amenities is important to support healthy, fulfilling lives.

Now think about the place you are assessing and ask yourself:

Do facilities and amenities meet my needs?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Does a range of facilities and amenities meet a variety of different needs (for learning, health, shopping, relaxation, and so on)?

- Can everyone use the facilities and amenities, whatever their age, sex, ethnic group, disability, religious belief or sexuality?

- Are the facilities and amenities within a reasonable distance and easily accessible?

- Are they of good quality and well maintained?

- Are the facilities and amenities being used to their full potential to help to support a healthy lifestyle?

Use this space to note the reasons for your rating.

Work and local economy

Good-quality work offers important benefits through income, activity, social contact, sense of identity and job satisfaction. A thriving local economy can provide work opportunities and help create lively places where people want to spend time.

Now think about the place you are assessing and ask yourself:

Is there an active local economy and the opportunity to access good-quality work?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Is there an active local economy that helps to create different kinds of jobs?
- Are there opportunities for people to gain skills for work, such as education, training and volunteering?
- Can local people access job opportunities, whatever their age, sex, ethnic group, religious belief, sexuality or disability?
- Do local services such as jobcentres, recruitment agencies and affordable childcare help people to find and keep work?
- Are there opportunities and spaces for local businesses to start up and grow?

Use this space to note the reasons for your rating.

Housing and community

The homes that are available locally will affect who lives in an area and how a place looks and feels. Good places have a mix of quality homes for families and people of different ages and incomes.

Now think about the place you are assessing and ask yourself:

Do the homes in my area support the needs of the community?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Is housing a positive feature of the area?
- Is there a range of good-quality housing available for different sizes of household?
- Is there a range of housing tenancies (rented, privately owned, and so on) to meet different needs of people, whatever their income?
- Do the different housing types work well with one another?
- Does a variety of housing allow people to stay in the area as their needs change, or they grow older?

Use this space to note the reasons for your rating.

Social contact

Feeling isolated can be damaging to our health and wellbeing. Good places provide a variety of spaces to meet and spend time with others.

Now think about the place you are assessing and ask yourself:

Is there a range of spaces and opportunities to meet people?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Which spaces provide opportunities for people to meet?
- Is there a range of different spaces (indoor, outdoor, purpose-built and more informal) where people can meet?
- Can these spaces be used at different times of the day, throughout the year, and in different types of weather?
- Do people from across the whole community and from different backgrounds mix together and get to know each other?

Use this space to note the reasons for your rating.

Identity and belonging

How a place looks, its history and what other people think of the place can affect how we feel. A strong local identity can help us feel pride in our place, our community and in ourselves as a result.

Now think about the place you are assessing and ask yourself:

Does this place have a positive identity and do I feel I belong?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Do people view the place positively?
- Are the history, heritage and culture of the place known and celebrated?
- Do local groups and networks help people feel involved positively in their community?
- Can people feel connected to their neighbours and community, whatever their background?
- Does everyone feel like they belong, whatever their age, sex, ethnic group, religious beliefs, sexuality or disability?

Use this space to note the reasons for your rating.

Feeling safe

How safe a place feels can affect people's wellbeing and how they spend their time in the place. Well-designed places can help make places feel safer and reduce crime and antisocial behaviour.

Now think about the place you are assessing and ask yourself:

Do I feel safe here?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Are routes safe and well used at different times of the day and throughout the year?
- Are spaces overlooked by buildings that are well used, adding to a feeling of safety?
- Is the area free of empty or derelict property, crime and antisocial behaviour?
- Do people feel safe both at home and when out and about?
- Is the area safe for everyone, whatever their age, sex, ethnic group, religious beliefs, sexuality or disability?

Use this space to note the reasons for your rating.

Care and maintenance

Places that are well cared for can make us feel positive, while those that are not looked after properly can have the opposite effect. Proper maintenance arrangements allow people to feel supported and more positive about where they live.

Now think about the place you are assessing and ask yourself:

Are buildings and spaces well cared for?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Are facilities such as parks, public spaces or public properties well maintained in general?
- Are there any specific problems in the area, such as litter, vandalism, or dog mess?
- Are there good facilities for recycling and refuse storage and is collection well organised?
- Do local authorities, housing associations, landlords and residents know their responsibilities and take action when necessary?
- Is there an effective local residents' association?

Use this space to note the reasons for your rating.

Influence and sense of control

People's views about their local area should be heard. Having a voice in decision making and feeling able to make changes can help to build stronger communities and better places. Having a sense of control can make people feel positive about their lives.

Now think about the place you are assessing and ask yourself:

Do I feel able to take part in decisions and help change things for the better?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Are people able to contribute to decisions that affect them?
- Is everyone able to contribute, whatever their age, sex, ethnic group, religious belief, sexuality or disability?
- Do local community services or groups allow people to get involved?
- Do organisations such as local authorities, health services or housing associations actively work with the community to understand their needs?
- Do local people feel listened to? Do people know how to be listened to?

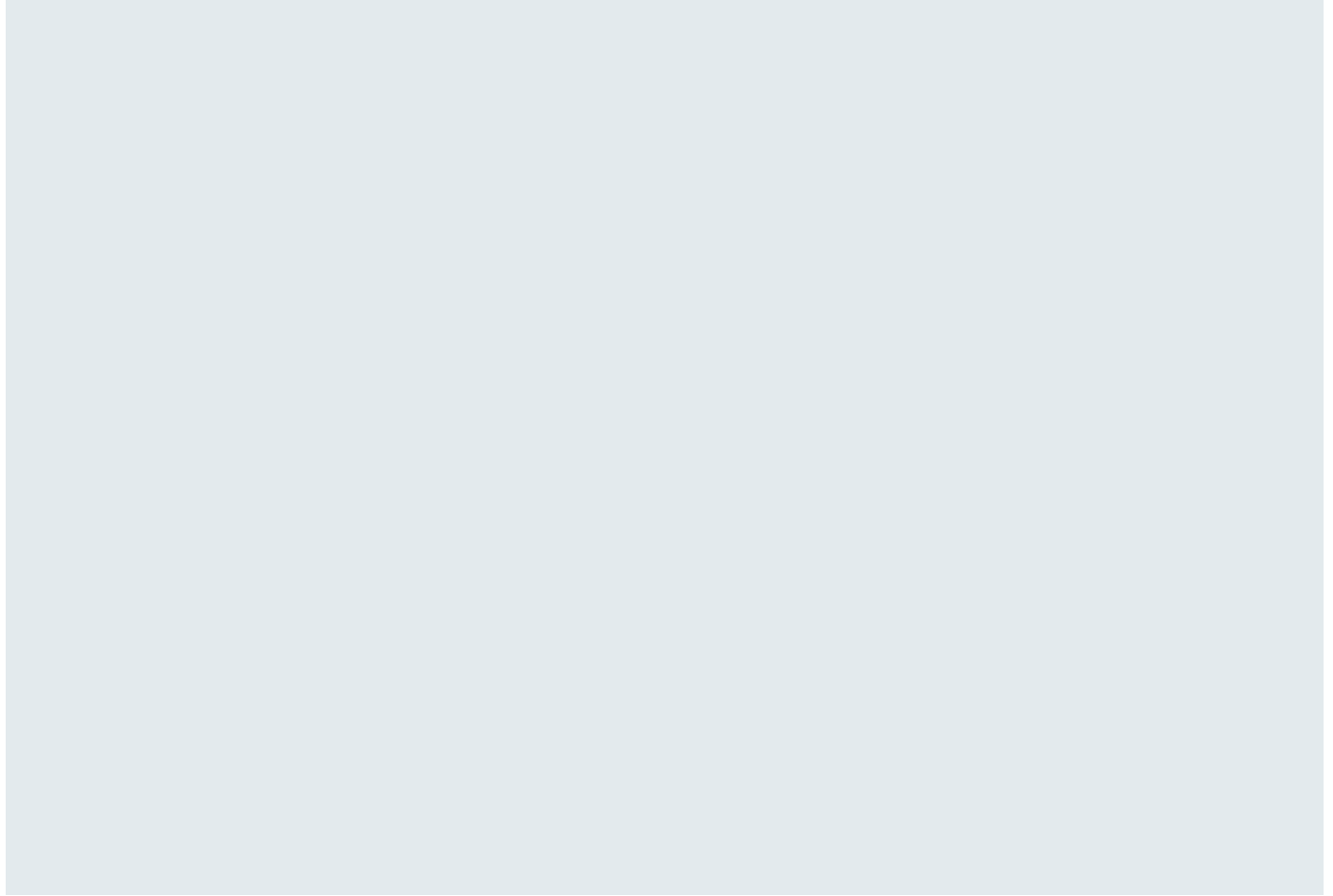Use this space to note the reasons for your rating.

When you have answered all the questions, plot each rating on the 'compass diagram'.
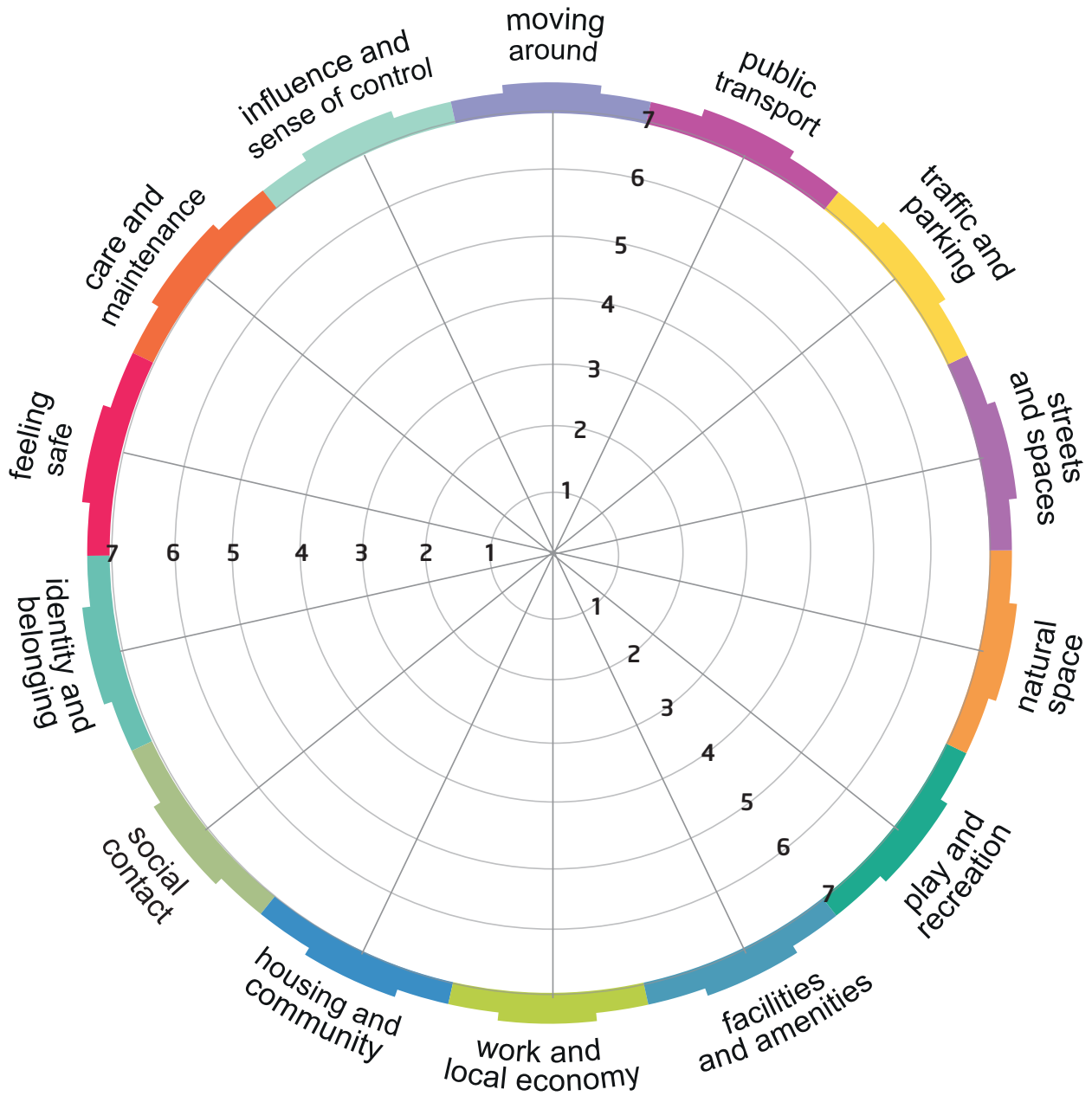
Priorities for action

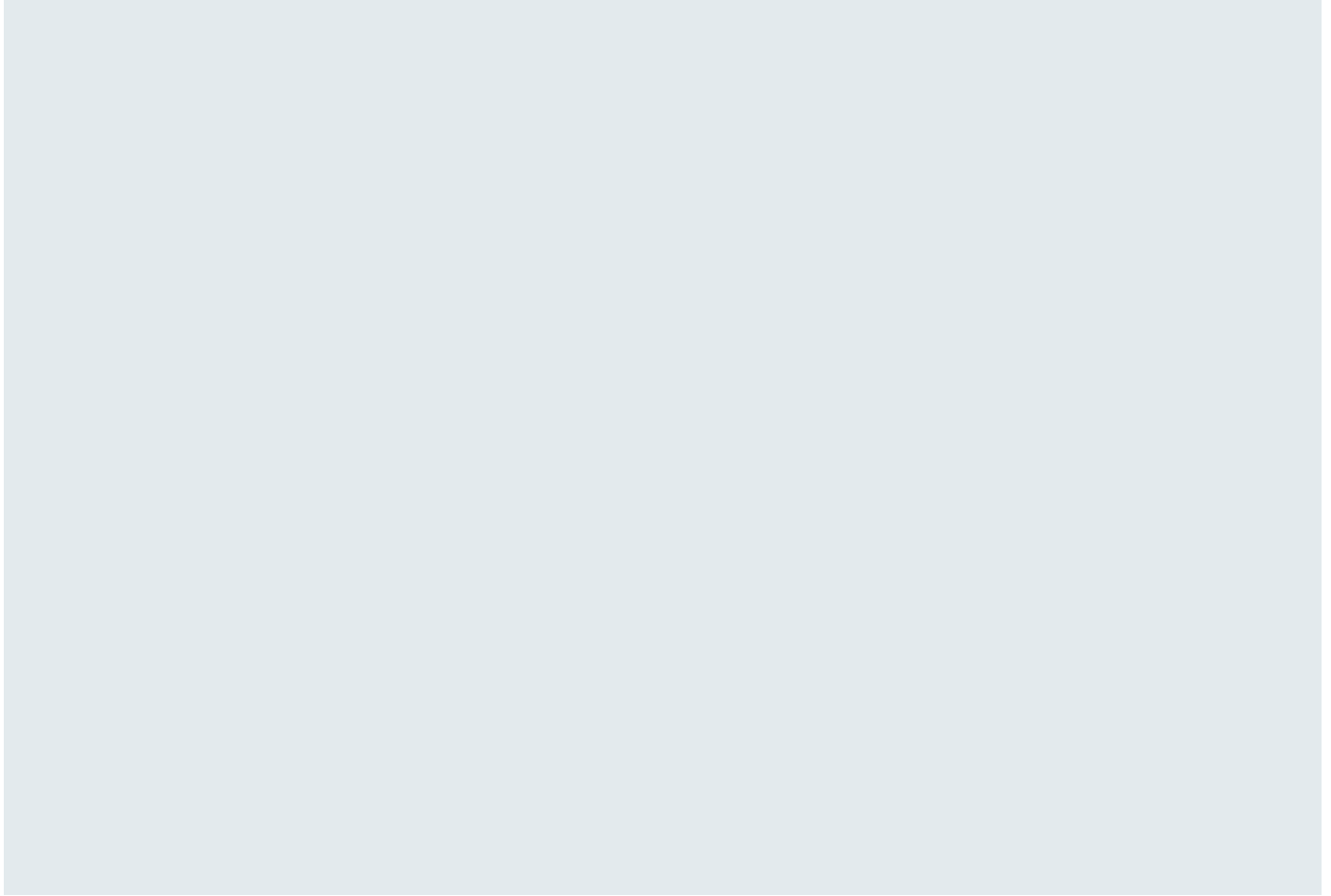What are the main issues and priorities for change that you have identified?

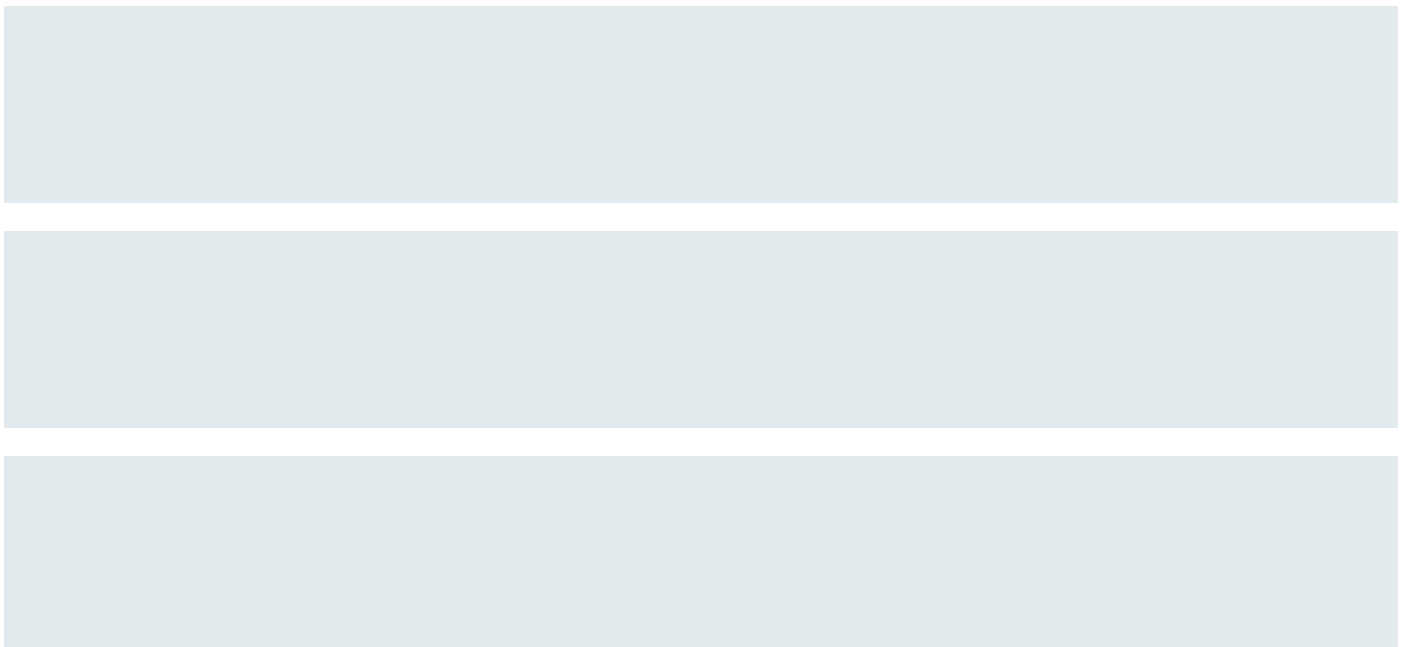It may be useful to list your top three priorities here:

Priorities for action

What actions could be taken to deal with these?

It may be useful to list your top three priorities here:

Crystal
Mark
22414
Clarity approved by
Plain English Campaign

RTPI AWARDS FOR
PLANNING
EXCELLENCE
WINNER 2017

NHS
Health
Scotland

Architecture &
Design Scotland
Ailtearachd is Dealbhadh na h-Alba

Scottish Government
Riaghaltas na h-Alba
gov.scot

Ref	Date EOI Received	Organisation Name EOI received from	Type of Organisation	Type of Organisation If Other	EOI in - Name of Community	Ward Community in	Ward Name	Area Community in	Description of community	Existing Community Plan for your Area (Y/N)	If Yes enter details
	03/11/2022	Royal Burgh of Whithorn & District Community Council	Community Council	N/A	Whithorn	Ward 02	Mid Galloway and Wigtown West	Wigtownshire	Whithorn burgh comprises around 900 residents and is a former Royal Burgh, with important civic buildings and an Outstanding Conservation Area at its heart. There are numerous active community organisations and a rich archive of information about the town's internationally important heritage.	Yes	Outline economic masterplan
	04/11/2022	Colvend & Southwick Community Council	Community Council	N/A	Colvend, Kippford, Rockcliffe, Protling & Caulkerbush	Ward 05	Abbey	Stewartry	Rural / Coastal	Don't Know	
	04/11/2022	St Johns Town of Dalry Community Council	Community Council	N/A	St Johns Town of Dalry	Ward 03	Dee and Glenkens	Stewartry	We are a small rural community with a central hub including shops houses pubs and a petrol station spreading out to farms and woodland. We have three consented wind farms in the community council area, plus one more in planning.	Yes	The wider Glenkens has a Community Action Plan.
	07/11/2022	Castle Douglas Development Forum	Scottish Charitable Organisation	N/A	Castle Douglas	Ward 04	Castle Douglas and Crocketford	Stewartry	Castle Douglas and The Stewartry Geography Castle Douglas (CD) includes postcodes DG7 1, DG7 2, DG7 3 and are within Ward 4, Castle Douglas and Crocketford, with a population of approximately 4800. CDDF membership is open two people living in these postcode areas. Demographics CD has an ageing population, with 20.6% of people over the age of 70. This is high compared to the Scottish average of 13.3%. By 2037, it is expected that, in Stewartry as a whole, 1 in 3 people will be over the age of 65. Therefore, facilities are needed that meet the needs of all the local population and visitors but with particular attention paid to the social needs, economic support and wellbeing of an aging population. Unemployment and deprivation The number of people in CD claiming income related benefits is in line with the national average – 11.6% compared to 12.1%. Also 5.3% of the adult population are unemployed similar to the national average of 6.8%. Wages are amongst the lowest in Scotland, coupled with some of the highest costs of living resulting in around 26% of children in the CD ward live below the breadline. The Asset Transfer will help to provide facilities and activities which are available and easily accessible to support those on a low income and/or need to upskill and prepare for work. It will provide free or reduced cost for children, young people families and older residents enhancing their life skills, social inclusion and mental wellbeing. Local Businesses There are around 300 registered business sites in CD of which many are independent, small and locally owned. CD has one of the busiest high streets (and adjacent streets) in Dumfries and Galloway servicing the local community and attracting visitors from across the region and beyond. The development of the site would not displace any existing services or products of these businesses but would attract additional footfall into the town which would increase the income of all businesses in CD. Education and young people Castle Douglas has several early years facilities, one primary school and one secondary school with the schools having a roll of almost 900 in total. The development would aim to supplement and support the education provision in CD and to also provide activities outside of the school day / term for the young people of CD.	Yes	Town Plan commissioned from Creetown Initiative in 2018 - assessed by CDDFs board as now being out of date following the pandemic lockdowns and CDDF's new projects.
	08/11/2022	Newton Stewart Initiative	Scottish Charitable Organisation	N/A	Newton Stewart	Ward 02	Mid Galloway and Wigtown West	Wigtownshire	Newton Stewart is a small, rural town based in the western region of Dumfries & Galloway with approx 3,500 residents which includes outlying farms and dwellings.	Don't Know	
	24/11/2022	Kirkmahoe Community Council	Community Council		Kirkmahoe	Ward 08	Lochar	Nithsdale	Rural area with two villages and two smaller settlements, one church and one school, two active village halls. No shops		
	01/10/2023	Kingholm Quay Community Council	Community Council	N/A	Kingholm Quay	Ward 09	Nith	Nithsdale	Small area 2 miles south iof Dumfriescontaining the village of Kingholm Quay and a surroiunding rural area including former Crichton Royal Institution. Population around 1500.	Don't Know	
	15/01/2023	KPT Development Trust	Scottish Charitable Organisation	N?A	Keir, Penpont & Tynron	Ward 07	Mid and Upper Nithsdale	Nithsdale	Keir, Penpont and Tynron are three communities in Mid Nithsdale with Penpont being the central village with the school, church and only shop in the area. The geographical spread of the area is around 68.5 square miles. The main industries are farming and forestry with an upsurge in tourist accommodation. Public transport is minimal with large areas of the community not covered by any form of local transport. In 2018 KPT (Keir, Penpont & Tynron) Developmentntrust was formed and embarked on various projects identified through an indepth community consultation. These projects include connecting communities (highlighting core paths and establishing an active travel path between Penpont and Thornhill), community communications (broadband and mobile signals), Community Hub (Developing community spaces including community café), Community Transport (e-bike scheme and working with N76 community transport group), Affordable Housing and Carbon Reduction	Yes	KPT Development Trust Action Plan
						-	-				

APPENDIX 5

DUMFRIES & GALLOWAY COMMUNITY PLANNING EXECUTIVE GROUP

DUMFRIES & GALLOWAY PLACE PLANNING PARTNERSHIP PRIORITIES FOR 2023/24

1. Continue to learn from other local authorities developing their place plan advice and guidance, processes and support to local communities.

2. Working jointly to carry out action research to support place planning.

3. Continue with partnership development learning more about how partners contribute to and what they require from Local Place Plans.

4. Continue to review and develop the web pages offering advice to communities undertaking Local Place Plans, inviting feedback and learning from communities' comments, what they require and amending the website materials accordingly.

5. Support the local place teams as they engage with communities.

6. Work with the Locality Hubs led by Third Sector Dumfries & Galloway to support communities to develop their Local Place Plans through expert advice to improve draft plans.

7. Gather written and video evidence of case studies of communities developing Local Place Plans to inspire and instruct other communities at an earlier stage of place plan development.

8. Developing a network whereby communities involved in place planning can come together to share their experience.

9. Ensure that all partners can maximise their contribution to the development of Local Place Plans.

10. Review all materials and guidance in an iterative way with partners and involving local communities.

11. Contribute to Locality Plans via Place Planning.

12. Identify any additional required membership that might support the PPP and seeking Community Planning Partners agreement to involve these potential members.

13. To ensure that groups producing Local Place Plans are aware of available funds which are suitable sources of funding for Local Place Plans.

COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023

DUMFRIES AND GALLOWAY LOCAL OUTCOMES IMPROVEMENT PLAN ANNUAL REPORT 2021/22

Item 4

Report Authors:	Responsible Senior Officer:
Liz Manson, Community Planning & Engagement Manager	Rich Grieveson, Head of Community Services

1. Situation:
1.1 The CPPB are asked to consider the Local Outcomes Improvement Plan annual report for 2021/22.

2. Background:
2.1 The Dumfries and Galloway Local Outcomes Improvement Plan was agreed by the Strategic Partnership on 15 September 2017 and published by the statutory due date of 1 October 2017. Final amendments were agreed at the Community Planning Partnership Board on 15 November 2017.

2.2 There is a statutory requirement within the Community Empowerment (Scotland) Act to produce an Annual Report on the LOIP and this is the fifth Annual Report.

3. Key Issues:

3.1 Annual Report
3.1.1 The draft LOIP Annual Report has again been delayed this year due to the late publication of a range of partners performance information and other demands on the contributors. Other CPPs have been in a similar position and the submission of Annual Reports has been outwith the usual timetable.

3.1.2 The draft is attached as an **Appendix.** The Report presents a range of quantitative information through performance indicators and projects, with as many as possible being maintained since the beginning for consistency, allowing Board members to assess progress on an ongoing basis.

3.1.3   Qualitative information is provided as Case Studies and these are different every year, illustrating positive practice and ensuring that the Annual Report references all the specific target groups identified in the LOIP Outcomes.

3.1.3 The Outcomes are all closely related to the subsequent Poverty and Inequalities Strategy (agreed in March 2021) and therefore much of the detail relating to the performance is contained in its Action Plans.

3.2 Next steps
3.2.1 The purpose of this report is for the Board to:
  • highlight areas of good performance; where performance is considered not

satisfactory; and where improvement may be required;
- indicate any additional performance information that should be included in the Annual Report.

3.2.2 Once the performance information has been finalised, with any amendments identified by the Board, the document will be designed, published and promoted.

4. Recommendation:
Board Members are invited to;
4.1 **Consider** and **agree** the fifth Dumfries and Galloway Locality Outcomes Improvement Plan Annual Report, for 1 April 2021 -31 March 2022, subject to any amendments.

Appendices
1 **-** draft LOIP Annual Report 2021/22

Appendix 1

**Dumfries and Galloway Local Outcomes
Improvement Plan 2017-2027**

**Annual Report
1 April 2021 – 31 March 2022**
(Draft as at1 March 2023)

1.   **Introduction**

2.   **The Performance Management Framework (PMF)**

3.   **Dumfries and Galloway LOIP Outcomes**

   3.1   Outcome 1 – Everyone who needs help to work receives the right support.
   3.2   Outcome 2 – Learning opportunities are available to those who need them most.
   3.3   Outcome 3 – Health and wellbeing inequalities are reduced.
   3.4   Outcome 4 – There is affordable and warm housing for those who need it most.
   3.5   Outcome 5 – The money available to people on benefits and low wages are maximised.
   3.6   Outcome 6 – People are safe and feel safe.
   3.7   Outcome 7 – People are well connected.
   3.8   Outcome 8 – Individuals and communities are empowered.

4.   **National Outcomes Profile – Dumfries and Galloway position**

5.   **Links to the National Performance Framework**

6.   **Enabling community bodies to shape and influence community planning**

7.   **Implementing the Fairer Scotland Duty in Dumfries and Galloway**

8.   **Next steps**

Appendices
Appendix – Supporting Plans and Strategies

1. Introduction

This is the fifth Annual Report of the Dumfries and Galloway Community Planning Partnership (CPP) Local Outcomes Improvement Plan (LOIP). The Report:

- presents detailed quantitative data, drawn from the supporting plans and strategies across the five statutory partners and Third Sector Interface – indicators and projects that deliver the Outcomes agreed in June 2021. Most of our Performance Indicators are continuations from previous years; and most of our projects are short term and operational. Work is therefore taking place in the Review to have longer term, more strategic projects and timescales.
- includes qualitative information presented through Personal Testimonies and Case Studies: the Testimonies are from residents who have told us something about our Outcome themes - we are particularly grateful to them as their stories tell us, very powerfully, what it's like to experience inequality and an assessment of how well our local organisations are doing to help them overcome the challenges; and the Case Studies highlight some examples of projects and activities which have been particularly relevant to groups that our LOIP is focussing on.
- The position for our eight Outcomes is as follows:

Outcome	2017/18	2018/19	2019/20	2020/21	2021/22
1	satisfactory	satisfactory	satisfactory	satisfactory	satisfactory
2	good	good	good	good	good
3	good	good	good	good	good
4	good	good	good	good	satisfactory
5	good	good	good	good	satisfactory
6	satisfactory	satisfactory	good	good	good
7	good	good	good	good	good
8	good	good	good	good	good

- sets out our contribution to the National Performance Framework (NPF) which is a requirement of the Annual Report; and along with that we have included our position in relation to national performance in a small number of indicators, selected by the Improvement Service, to provide trend and benchmarking information across all 32 CPPs. The Dumfries and Galloway position for these Indicators shows that our performance is improving in 5 inducators, worsening in 8 indicators and is staying the same for 5.
- sets out how we have worked with community groups and individuals in our LOIP journey; and the next steps that we will take to deepen that relationship over the coming years.

2.   Our Performance Management Framework

2.1   The Scottish Government Guidance on LOIPs and the Performance Management arrangements, including the Annual Reports, is light touch and there is a real commitment to local flexibility.

2.2   The LOIP Development Group developed a Framework for Annual Reports which use evidence from quantitative (indicators and projects); qualitative (case studies and personal testimonies) information; benchmarking; and published Impact Assessments.

2.3   The Scottish Government NPF was relaunched in June 2018.

2.4   The assessment of progress is detailed on page and is based on a standard analysis, previously used for the Single Outcome Agreement and other strategic level Performance Reports.

3. Outcomes

3.1 Outcome 1: Everyone who needs help to work receives the right support – **satisfactory progress**

Key Performance Indicators	Value	Target	Status
Total employment	62,200	2.4% of Scotland	📈
Provide progressive skills pathways into two key sectors annually	1	2	⚠️
Number of young people in training placements	118	150	⚠️
Percentage of new business starts with female ownership	41%	50%	✅
Proportion of Looked After Children School leavers entering positive destinations	94.6%	95%	✅

Improvement Projects			
Implement No One Left Behind including Young Person's Guarntee	01- Mar-2021	30 Jun-2022	✅

Case Study – Dumfries and Galloway Post Pandemic Economic profile

In 2021 the Gross Value Added – a measure of the value of goods and services in an area – for Dumfries and Galloway was £33.610m, 2.5% of Scotland's output. The high value sectors in the regional economy were Human health and Social Work Activities (£617m); Real Estate Activities (£521m); and Manufacturing (£512m).

Employment rate for the working age population in the region was 70.8%, above the Scotland rate of 72.9%. Part time employment accounted for a greater % share of employment in D&G compared to Scotland – 31% compared to 24.7%

The number of people in employment uin the region was impacted by the Pandemic – declining by 4,800 people – a decline of 7.2% compared to 1.2% across Scotland. 1,300 jobs were furloughed as at 30 September 2021.

Largest employing sectors were:Health and social care 22.4% (13,900 people); food and drink 9.7%(6,000 people) tourism 8.0% (5,000 people) and construction 7.2%(4,500 people)

The number of job postings from 1 Feb 2021 to 31 Jan 2022 was 10,600, 1.9% of all posting in Scotland and 79.2% more than the previous 12 month period with the highest occupations being nurses (820 posts) , care workers and home carers (610 posts).

Outcome 2: Learning opportunities are available to those who need them most –
good progress

Key Performance Indicators	Value	Target	Status
School Attendance Rate	93.2%	92%	✅
School Attendance Rate for Looked After Children	92%	87%	✅
Exclusion rate for looked-after pupils (per 1000 pupils)	48.08	80.00	✅
Proportion of Looked After Children School Leavers entering positive destinations	90.32	91.29	✅

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Case Study – digital skills development

 Third Sector Dumfries and Galloway has taken the lead in establishing a coordinated approach to increasing digital inclusion across Dumfries and Galloway. Funding was secured through SCVO's Connecting Scotland programme, DG Council Hardship Fund and South of Scotland Enterprise allowing a significant number of digital devices to be purchased and allocated to residents across the region; these included smart phones, iPads and Chrome Books with 24 months connectivity.

To help support these new users a team of volunteer digital champions was recruited by TSDG.   The volunteers undertook training from SCVO and then used this learning to support those in need. Due to Covid19 restrictions the volunteers supported learners via telephone to get them "up and running" with their digital device.

As a result of the volunteers' efforts one learner learned how to download music and was able to take part in choir practice online – something she had been missing due to Covid.   Another learner was visually impaired; they worked with a volunteer using video conferencing and screen sharing to learn how to use their device and another was able to learn to use Facebook and attend an online art class with support from his volunteer.

The learners all valued the help of the volunteers, who only ceased contact when the learner felt confident to undertake their desired activities on their devices independently. All were able to link with new experiences.

3.3 Outcome 3: Health and Wellbeing inequalities are reduced – **good progress**

Key Performance Indicators	Value	Target	Status
Premature mortality rate amongst people 100,000 people	419	Scotland 460	✅
% of young people from D&G who started treatment for specialist Children and Adolescent Mental Health Services(CAMHS) within 18 weeks of their referral	91%	90%	✅
% young people and adults who eport an improvement in their confidence skills and life filloing participation in wellbeing activities	87.98%	75%	✅
Number of Council staff who identify themselves as Carers	348	190	✅
Number of adults in Let's Motivate sessions in Care Homes	18,274	15,000	✅
Number of participants in sessions for those with a disability or additional support needs	7,256	7,500	✅
Number of Looked After Children and Care Leavers gaining free access to leisure and sport activities	1,573	480	✅
% of people who wait no longer than 3 weeks from referral to appropriate drug/aalcohol treatment	100%	90%	✅

Case Study – use of Pupil Equity Funding for health and wellbeing

The importance of monitoring children and young people's engagement with learning and their health and wellbeing filloing the impacts of the pandemic is a responsibility well understood by schools and there are many examples of staff intervening and responding to health and wellbeing issues among all stakeholders .
£1,071, 765 (20.07%) of the total Budget was used for Health and Wellbeing.

Schools have used PEF to support specific Health and Wellbeing programmes and assessment including 'the use of – PASS – Pupil Attitudes to Self and Schools Survey which allowed them to target pupil need through support and health and wellbeing programmes,.

This included developing pupil attitudes towards learning and begin to break down barriers. Play therapy was also used and ann integral part of this is contact with parents .

Two partnership schools have implemented 'Emotion Works', an initative where learner wellbeing is assessed using the Wellbeing Indictor (SHANARRI); offered breakfast clubs and activity clubs, targeted at children and young people in danger of missing out. One school reported a 50% increase in attendance at school of the pupils attending a breakfast club - the positive social gathering for pupils helped their ability to settle in and be ready to learn; another school tracked areas like behaviour support and family connection with the school and implemented appropriate interventions and support.

Case Study – Accessing expert support

Client Name: B; Age: 25-35; Gender: Female
Referral: Health and Wellbeing Partnership

Reason for Referral:
The client was being supported by a health worker in the Health and Wellbeing Partnership. The client had a history of recreational substance misuse when they were younger and now increased due to isolation and Covid, had also been a victim of domestic abuse previously. Current concerns were around the client's relationship with another female which was deemed to be toxic and not healthy for the client, who was also a young mother of one. The client had disclosed to the health worker they weren't sure about their sexuality and when a referral to D&G LGBT Plus was suggested by the worker, the client agreed.

Additional Support Needs Identified in Support Sessions:
Several additional support needs were identified during the support sessions. The client disclosed early on in the sessions that they were a survivor of historical sexual abuse. Support also included:
• 	Life story work
• 	Understanding and overcoming sexual abuse
• 	Increasing Self awareness
• 	Increasing self-confidence/esteem
• 	Substance Misuse

Summary of Support:
The client was initially reluctant to engage with a LGBT service, despite agreeing and engaging fully within a first appointment set-up and held in the health clinic. Following that first appointment, where the client was upfront about their thoughts and reluctance to be seen walking into a service for the LGBT community for fear of being seen. As Covid restrictions took hold the sessions moved online.
Support is provided at the client's pace, so initially support was a listening ear and reassurance for the client. Initial meetings were held in public places, and conversations were around general life as public settings didn't offer the privacy for more personal topics of conversations. After three sessions, over a 2-month period the client, agreed to engage in sessions within our premises.
During the assessment period it was identified that the client was questioning their sexuality, and potentially gender, but were initially quite uncomfortable with these thoughts. The client was also questioning their choices in partners, and felt they were choosing unhealthy partners and wanted to explore this.

Life story work was included within the support plan and within these sessions we discovered a history of trauma including domestic, physical, emotional, and sexual abuse that the client had forgotten. These sessions helped the client learn and understand some of her present behaviours that she was concerned by. These sessions had a huge positive impact on the client who reported towards the end the support work, that being able to question and understand her behaviours now allowed her to regain her confidence and self-esteem enough to get back to living her life without worrying about it.

Outcomes Achieved:
Client became comfortable accepting that she was bisexual but preferred relationships with females as they were safer; Client boosted their self-esteem and confidence so much she applied for and became a carer for people with additional needs.; Client now has a happier and healthier relationship with their child and is confident she is doing things right for herself and them; Monitored with bi-weekly check in calls; Substance Misuse referral to partners.

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Case Study – nutritional support

In November 2021 Third Sector Dumfries and Galloway was invited to take part in discussions with the Dumfries and Galloway Health and Social Care Partnership, Single Access Point, Care and Support at Home Tactical Team, Commissioning, and Dumfries and Galloway Council's Community Planning and Engagement and Facilities services to explore solutions that would free up time within the care at home service. The focus of the group was to develop a volunteer-led hot meals service, where local organisations identified as food providers during the Covid pandemic would prepare and deliver hot meals as a potential alternative and / or supplement to 15-minute meal visits provided through a care package.

Thanks to TSDG's existing network of contacts with organisations and volunteers across the region, the development team was able to act quickly to communicate the need to those who could respond rapidly to put this provision in place. The provision of a hot, nutritious, two course meal at lunch time, provided by a volunteer supports the health and wellbeing of the person in receipt of the meal. By replacing the 15-minute visit by a carer, where often a meal would be warmed in the microwave and with a less time pressed volunteer delivering something hot and fresh, the person receiving the meal is further supported by reducing loneliness, isolation or poor nutrition, thereby further minimising the risk of hospitalisation and/or additional care and support.

The flexibility of the third sector meant that, not only was this able to happen quickly and flexibly, but each volunteer also has knowledge of other voluntary and community-based support and links to services which can further support the wellbeing of the individual. This in turn has the potential to further release capacity on health and social care delivery. TSDG was able to support third sector organisations in the speedy delivery of this new service thanks to strong and positive relationships with community-based organisations in Dumfries and Galloway. This volunteer-led service is supportive of early intervention and prevention, reducing pressures on care and support services and helping to reduce health inequalities

3.4   Outcome 4: There is affordable and warm housing for those who need it most
– **satisfactory progress**

Key Performance Indicators	Value	Target	Status
Number of homelessness presentations	997	900	🔴
Number of homeless applications recuieved where siomeone has been looked after child by the local authority more than five years agao	21	20	🔺
Number of successful interventions on tenancy evictions which prevent homelessness	280	100	✅
Reduce fuel poverty by delivering the HEEPS-ABS project	100%	90%	✅

Improvement Projects	Start Date	Due Date	Progress	Status
Homeless Strategy 2018-2023	01-Apr-2018	31-Mar-2023	84%	▶
Tackle Fuel Poverty	01-Apr-2018	31-Mar-2023	85%	▶
Improving Gyspy Traveller sites – Phase 2	01-Jan-2019	31-Dec-2022	33%	▶

Case Study – Gypsy Traveller sites
The region has two Gypsy Traveller sites at Collin near Dumfries and Barlockhart near Glenluce. The Scottish government framework ensures that the accommodation needs of gypsy travellers are properly assessed and effectively made at local level the Scottish social housing charter sets out the standards and outcomes required to be met on gypsy traveller sites these include equality's communication participation value for money and Raines service charges accommodation is one of the most important issues faced by this community and has an impact on a wide range of issues works to renovate the Barlow cart site have concluded and it is now considered to be in excess of the current minimum site standards an option appraisal for the Collins site is underway with the intention of submitting a bid to the Scottish governments fund which aims to provide more and better accommodation for gypsy traveller communities

3.5   Outcome 5 – The money available to people on benefits and low wages is maximised –satisfactory progress

Key Performance Indicators	Value	Target	Status
Crisis grants processing time	1 day	1 day	✅
Number of days to process housing benefit (new claims)	20.9days	16 days	🔴
D&G average gross weekly pay	£460.50	£463.10	✅
Proportion of people earning less than the weekly wage	22.4%	n/a	📈
Universal Credit claims	11,400	n/a	📈

Case Study – Scottish Welfare Fund
5982 claims were made for Crisis Grants in 2021/22 with 4121 successful . There was an average award of £96 and the total value given out was £397,105 Applications for crisis grants is predominantly to provide cash to customers for food and household fuel. Support continues to be provided at the maximum level available 1954 claims wer made for Community Care Grants in 2021/22 with 1141 successful. The average award was £736 a total value of £839,730.76 was awarded An additional £657,000 was awarded to Dumfries and Galloway to tackle financial insecurity during winter 2021/2022

3.6 Outcome 6 – People are safe and feel safe – **good progress**

Key Performance Indicators	Value	Target	Status
Percentage of children on the Child Protection Register per 1000 population aged 0-15 years	1.5	n/a	
Number of domestic abuse incidents	1406	n/a	
Domestic abuse related crime detection rate	78.1%	n/a	
Number of hate crimes and incidents	295	n/a	
Hate crime detection rate	81.6	n/a	
Number of accidental dwelling fires	85	n/a	
Home fire safety visits	1247	n/a	
Number of people killed on our roads	12	n/a	

Improvement Projects	Start Date	Due Date	Progress	Status
Increase the number of roads with 20mph speed limits and zones	01-Apr-2018	31-Mar-2023	80%	

Case Study – Multi Agency Safeguarding Hub
The Multi Agency Safeguarding Hub (MASH) brings together key agencies to support better outcomes for vulnerable people and children. During the year, 2945 calls that raised concerns about a person's safety were reported through the Single Access Point - around one in two of these (1271) had a Duty to inquire opened within the MASHto determine the appropriate next stage to protect those at risk . In 165 of these situations the case progressed to an investigation to ensure appropriate support to fully address the concerns; for 30 cases, a case conference was then held followed up by 58 review case conferences. This represents a reduction in the number of concerned reported, but an increase in the number of inquiries undertaken; and a reduction in Investigations and Case Conferences compared to 2021.

During this time, referrals overall to statutory services were more complex and required more input in 2021/22 .

It was only possible to contact 17% of all people who raise concerns within five days - an improvement action was identified in the Adult Support and Protection Inspection Improvement Plan to change the way feedback was recorded.

3.7 Outcome 7 – People are well connected –**good progress**

Improvement Projects	Start Date	Due Date	Progress	Status
Deliver the implementation of the Taxicard Scheme	01-Apr-2021	31-Mar-2022	100%	✓
Campaign for the retention of rural bus routes and for appropriate funding and regulation of bus services	15-Jan-2019	31-Mar-2023	80%	▶

Case Study – Digital connectivity for vulnerable people

During the past year DG Voice has been instrumental in delivering iPads or Smart Phones to digitally excluded members of society in Dumfries and Galloway. There have been four different tranches of delivery, each concentrating on specific digitally excluded groups; elderly; young and living alone in poverty; disabled people. Often the people helped fell into more than one category and we encountered many cases of isolation further exacerbated by poverty. In all, 36 devices have been delivered.

In one instance an elderly lady was living alone and was very isolated in the west of the region. She could not afford to buy her own iPad. DG Voice was able to provide an iPad with 2 years on connectivity. A digital champion helped her to get started and she was also helped by her daughter and granddaughter. She now uses it every day and has family photos on it as well as photos of where she grew up. She uses Facebook most evenings and is in regular touch with family and friends. She is considering how she will pay for connectivity in the future.

Case Study – DG Locator App

The DGLocator app and website were launched in November 2021 and since then have become an excellent and increasingly well-used resource for the region.

717 organisations have published 1125 activities on the searchable app, linking third sector organisations with the people who will benefit from them.

3.8 Outcome 8 – Individuals and communities are empowered – **good progress**

Key Performance Indicators	Value	Target	Status
Number of children young people and adults supported to improve their life chances through participation in youth work and lifelong learning activities	13,498	n/a	
Number of people supported to be active in public life	20	n/a	
Number of diversityy aawareness raising eventsw	19	10	

Improvement Projects	Start Date	Due Date	Progress	Status
Continued support to the management and development of the Tackling Poverty Reference Group	01-Apr-2020	30-Jun-2022	95%	
Youth Council Elections and Induction	30-Apr-2021	31-Jan-2022	100%	
Develop Participatory Budgeting	01-Apr-2021	31-Mar-2022	100%	

Case Study – The development of the new Community Learning and Development Strategy

The development of the CLD Plan was an exemplar of engagement and provided a range of methodologies for people to contribute their views at different stages of its development.

Around 130 people and 35 partner organsiations and almost 50 practioners formally responded and there was a representative age and geographical breakdown for our region.

The priority themes which emerged – Community Recovery, Health and Wellbeing, Climate Emergency and Children and Young People – were triangulated with a Development group and the specific actions were refined in dialogue with all stakeholders.

The final Plan was agreed by individual partners and the Community Planning Partnership Board during October -November 2021.

Case Study –third sector leadership
Following discussions at COGITS (Chief Officers in the Third Sector), TSDG launched a pilot mentoring programme to support and nurture leadership in the third sector across Dumfries and Galloway. Mentoring is a reciprocal relationship between individuals – a mentor and a mentee - for the purpose of the mentee's growth, learning and career or business development. It is about motivating and empowering, sharing expertise and experience and supporting professional development.   TSDG adopted a formal mentoring model where mentoring happens in a structured relationship based on a specific business objective/goal of the mentee. Successful formal mentoring relationships are strategically formed and supported, bringing people together based upon their compatibility, and last for a specified amount of time before coming to a formal end. S* was matched with E*. They have met on six occasions over a period of 14 weeks, initially meeting weekly and then moving to monthly. E has assisted S in establishing clear career aspirations, providing a framework to better understand the role of personality profiling in management styles and relationship building. S has had a positive experience of the mentoring scheme, sharing "*I'm more confident as a manager and finding my own leadership style*".

Project Status		Indicator Status	
🔴	Overdue; Neglected	🔴	Alert
🔺	Unassigned; Check Progress	🔺	Warning
▶	Not Started; In Progress; Assigned	✅	OK
✅	Completed	📊	Data Only – no targets are set

Data in the Indicators and projects is the latest published

Outcomes assessment

Poor progress –the majority of the Indicators and Projects are red and the Personal Testimonies and Case Studies raise concerns

Satisfactory progress – the majority of Indicators and Projects are amber and the Personal Testimonies and Case Studies evidence activity

Good progress – the majority of the Indicators and Projects are green and the Personal Testimonies and Case Studies evidence significant activity

4.   National Community Planning Outcomes Profile

The Community Planning Outcomes Profiling (CPOP) tool brings together 18 indicators of outcomes and inequality. Not all of the 18 outcomes link naturally to the Dumfries and Galloway Local Outcomes Improvement Plan but it presents a picture of how our area is doing compared to the Scottish position; and also over time.

The CPOP tool was introduced by the Improvement Service in 2017 and is being continuously refined and improved.

For more information click the link here

The current performance position is: 5 green - improving; 8 red -decreasing and 5 amber – stayuing the same compared to last year when we had 2 green; 4 red and 11 amber.

National Measure / indicator	2021/22 position
1. Healthy Birthweight	amber
2. Primary 1 Body Mass Index (BMI)	green
3. Child Poverty	red
4. Attainment (formerly S4 tariff score)	red
5. Positive destinations	amber
6. Employment Rate	red
7. Median Earnings	red
8. Out of Work Benefits	red
9. Business Survival	green
10. Crime rate	amber
11. Dwelling Fires	green
12. Carbon emissions	red
13. Emergency Admissions	amber
14. Unplanned Hospital Attendances	red
15. Early Mortality	green
16. Fragility	red
17. Well-being	green
18. Fuel Poverty	amber

5.   Links to the Scottish Government National Performance Framework

5.1   The Scottish Government NPF was first published in 2007. It has been reviewed over the last year through a series of engagement events and the new Framework was launched on June 2018.

Fig 1: Government NPF

5.2   At its meeting on 16 June 2018 the CPP Board noted the new NPF and welcomed its focus on inequality and wellbeing.

5.3   Analysis of the Dumfries and Galloway LOIP contribution to the NPF

NPF / D&G LOIP Outcomes	Entrepreneurial, inclusive and sustainable economy	Open and connected	Tackle poverty, share wealth and power more equally	Inclusive empowered, resilient and safe	Loved, safe and respected	Well educated and skilled	Thriving and innovative businesses, quality and fair work	Healthy and active	Value, enjoy and protect our environment	Creative, vibrant and diverse cultures	Human rights and free from discrimination
1 Everyone who needs help to work receives the right support.	✔		✔			✔	✔				
2 Learning opportunities are available to those who need them most.	✔					✔					
3 Health and Wellbeing inequalities are reduced.				✔		✔	✔	✔			✔
4 There is affordable and warm housing for those who need it most.				✔	✔				✔		✔
5 The money available to people on benefits and	✔		✔	✔	✔						✔

low wages are maximised													
6 People are safe and feel safe			✓	✓	✓					✓	✓	✓	
7 People are well connected	✓	✓			✓		✓		✓				
8 Individuals and communities are empowered.	✓		✓	✓	✓	✓					✓	✓	

6.   Enabling Community Bodies to Shape and influence Community Planning

6.1   Engagement around the supporting plans and strategies, and the second Local Development Plan (LDP2) in particular, comprised structured and well detailed programmes of development and engagement.

Appendix 4 of the LOIP details the activity undertaken – <u>click here</u> for details

6.2   <u>Participation in the development of the LOIP</u>
The detailed approach to engagement was set out in the Evaluation Report which was agreed by the CPP Board in March 2018 – <u>click here</u> for details (Item 4 Appendix 1).

A key feature of this work was a focus on the groups which tackle poverty and equality and diversity; and there were high satisfaction ratings from the participants in terms of the approach and opportunity to have their voices heard.

6.3   <u>Contributions to the performance information in the LOIP Annual Report</u>

The performance measures (Indicators and Projects) have been drawn from the published performance information from partners. Case have been obtained from a range of organisations including the Equality Partnership, Dumfries and Galloway Council, Skills Development Scotland and the Health and Social Care Partnership..

7.   Implementing the Fairer Scotland Duty (FSD) in Dumfries and Galloway

7.1   The FSD was enacted on April 2018 after the start of LOIPs. However the purpose of the FSD is consistent with and supportive of the LOIP as it places a legal responsibility on particular public bodies in Scotland (in our region this includes the Council, Health Board, Integration Joint Board, Scottish Enterprise and the Scottish Police Authority) to consider how they can reduce inequalities when planning what they do.

7.2   The CPEG, at its meeting on 5 March 2018 and the CPP Board at its meeting on 16 March 2018, agreed that partners would evidence their implementation of the FSD by updating our Impact Assessment Toolkit and reporting the policies, strategies and financial decisions that had been considered using the Impact Assessment (IA) in the LOIP Annual Report.

7.3   The updated IA Toolkit was approved by the Equality and Diversity Working Group at its meeting on 25 August 2018 and continues to be used by the Council with NHS adopting a summarised version during 2021/22

7.4   During 2021/22 there have been over 20 IAs completed using the Toolkit.

8.   Next Steps

An annual update and a Mid Term Review of the Local Outcomes Improvement Plan was agreed by the Board, when the first version was agreed. The Community Planning Parternshiop Board has been undertakeing research and engagement to support this Review and agree the way forward during its recent meetings.

Appendix

Key Supporting Plans and Strategies

- Children's Services Plan
- Community Justice Improvement Plan
- Community Learning and Development Partners' Strategic Plan
- Health and Social Care Strategic Plan
- Local Development Plan 2
- Local Housing Strategy
- Poverty and Inequalities Strategy
- Regional Economic Strategy
- Regional Transport Strategy

Partners' Business Plans

- Dumfries and Galloway College
- Dumfries and Galloway Council
- Health and Social Care Partnership
- NHS Dumfries and Galloway
- Police Scotland
- Scottish Enterprise
- Skills Development Scotland
- Scottish Fire and Rescue Service
- Third Sector Dumfries and Galloway

COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023

DUMFRIES AND GALLOWAY
LOCALITY PLAN ON FOOD SHARING ANNUAL REPORT 2021/22

Item 5

Report Authors:	Responsible Senior Officer:
Ingrid Gemmell, Ward Manager Liz Manson, Community Planning & Engagement Manager	Rich Grieveson, Head of Community Services

1. Situation:

1.1 The Community Planning Partnership Board area asked to consider the Locality Plan on Foodsharing annual report for 2021/22.

2. Background:

2.1 The Dumfries and Galloway Locality Plan on Food Sharing was agreed by the Strategic Partnership on 15 September 2017 and published by the statutory due date of 1 October 2017. Final amendments were agreed at the Community Planning Partnership Board on 15 November 2017.

2.2 There is a statutory requirement within the Community Empowerment (Scotland) Act to produce an Annual Report on the Locality Plan(s). This is the fifth Annual Report.

3. Key Issues:

3.1 Annual Report

3.1.1 It is appropriate to note that our CPP Board in 2017 did not feel that a traditional interpretation of geographic area(s) as set out in the Locality Plan Regulation was relevant for our region, and combining it with a thematic approach would be more beneficial. This has made our CPP Locality Plan unique and benchmarking with other CPPs has therefore not been possible.

3.1.2 The draft is attached which includes quantitative information as an **Appendix** and a short film will be shown as qualitative evidence of the positive impact that the Plan has had in 2021/22.

3.1.3 Ongoing engagement with the Regional Food Network and the Local Food Networks has been particularly important and much of the evidence has been provided by them.

3.2 Next steps

3.2.1 The purpose of this report is for the Board to:
- highlight areas of good performance; where performance is considered not satisfactory; and where improvement may be required;
- indicate any additional performance information that should be included in the Annual Report.

3.2.2 Once the performance information has been finalised, with any amendments identified by the Board, the document will be designed, published and promoted.

4. Recommendation:

Board Members are invited to;

4.1   **Consider** and **agree** the fifth Dumfries and Galloway Locality Plan Annual Report for 1 April 2021 -31 March 2022, subject to any amendments.

Appendices (1) - draft Locality Plan Annual Report 2021/22

Appendix 1

**Dumfries and Galloway
Locality Plan on Food Sharing
2017-2027**

**Annual Report
1 April 2021 – 31 March 2022**
(Draft as at 28 February 2023)

1. Introduction

2. Development of the Performance Management Framework (PMF)

3. Dumfries and Galloway Locality Plan Outcomes
3.1   Outcome 1 – People are able to meet their own food needs
3.2   Outcome 2 – Support is available to people who need help with food where, when and how they need it.
3.3   Outcome 3 – Involvement in food sharing helps with other aspects of people's lives
3.4   Outcome 4 – Our food sharing arrangements are as efficient and effective as possible
3.5   Performance Indicators and Projects that support the four Outcomes

4. Next steps

1. Introduction

This Annual Report contains a collection of evidence from a range of sources for our fifth Annual Report on the Locality Plan on Food Sharing from 1 April 2021 – 31 March 2022.

Our current Locality Plan looks at an issue that affects geographical areas in different ways and requires different solutions across our region.

A significant amount has changed for our society and citizens over the last 3 years and particularly following the onset of Covid-19 in early 2020. The impacts of Covid on our most vulnerable, businesses, our young people and communities has been significant and severely impacted on:

- Loss of jobs
- Increased financial hardship facing families
- Opportunities for our young people
- Mental health and wellbeing
- Digital, food and fuel poverty

On top of that the UK began to experience the 'Cost of Living Crisis' causing a real fall in disposable incomes since late 2021.

Despite these challenges, we are satisfied that we are making good progress in all four Outcomes. Communities continue to be the first responders to food insecurity and there are clear benefits of putting communities at the heart of action to tackle the issue.

This report sets out some of the work which has taken place during the reporting period and is backed up with a short film which highlights some of the outstanding contribution made by our local communities during this very difficult time which you can access here https://youtu.be/E4k1RVbyamE

2. Development of the Performance Management Framework (PMF)

2.1 The Scottish Government Guidance on Locality Plans and the Performance Management arrangements, including the Annual Reports is light touch and there is a real commitment to local flexibility.

2.2 CPPs are now into their fifth year of Locality Plans with established arrangements for the Annual Reports with access to the information and support available to provide evidence for these Reports.

2.3 Officers developed a Performance Management Framework which would evidence progress through qualitative (case studies and personal testimonies) information, supported by quantitative (indicators and projects) data.

2.4 The assessment of progress is based on a standard analysis, previously used for the Single Outcome Agreement and other strategic level Performance Reports.

3.1 Outcome 1: People are able to meet their own food needs – Good Progress (Key groups – food share providers, families on low incomes, individuals on low incomes, supermarkets)

Fruit and Vegetable Consumption
The Scottish Health Survey (SHS) provides information on the health, and factors relating to health, of adults and children in Scotland.

There is wide recognition that excessive consumption of foods high in fat, sugar and salt and low consumption of fibre, fruit and vegetables and other healthy foods has wide-ranging consequences for the health of the nation.

Key findings from the report in 2021 show that:

- Around one in five of all adults consumed five or more portions of **fruit and vegetables** a day (22%). This was similar to levels since 2003 (21% in 2003).

- One in five children (20%) aged 2 to 15 met the five-a-day recommendation for consumption of fruit and vegetables. This was significantly higher than in the years 2008 to 2019.

- Almost half of all adults (48%) met the Scottish Dietary goal to reduce **total fat** intake to no more than 35% of food energy. Around one in five adults (22%) met the Scottish Dietary Goal for **free sugars** intake to not exceed 5% of total energy.

People in our region averaged 3.2 portions per day which is the same as last year. The Scottish average has reduced and is now also 3.2.

Evidence within the report also suggests that there have been varying impacts on diet and physical activity following the pandemic, which have been both positive and less beneficial.

Other reports have highlighted the impact of food insecurity and the widening of existing inequalities with an 89% increase in demand for emergency food parcels being required in the UK in April 2020 compared with the same period in 2019, with foodbank demand more than doubling during the same period.

Across all adults in 2021, a lack of money or other resources in the previous 12 months resulted in:

- 9% worried about running out of food
- 6% ate less
- 3% ran out of food

In 2021, younger adults were more likely to be worried that they would run out of food.

- 14% 16–44
- 8% 45–64

- 1% 65+

In 2019/2021 combined, the highest levels of food insecurity were among single parents and single adults under the age of 65.

Free School Meals

Dumfries and Galloway Council made changes in accordance with Scottish Government legislation in relation to school meals. These changes took place on 8 April 2021 that saw variations to several food groups throughout the school day We know that providing free school meals to all children has wide ranging benefits, including:

- access to healthy and nutritious food

- increase attention and concentration

- gains in cognitive function and learning

- Improve educational outcomes

Primary School Meals Healthy Living Survey Data Primary Free School Meal (FSM) Statistics:

All primary 1 – 5 children are currently entitled to receive a Universal Free School Meal) UFSM. Information received from the 2022 Healthy Living Survey data reported an 82% uptake relating to Dumfries and Galloway primary FSM. The table below shows the uptake figures for FSM from the Healthy Living Survey Data:

2022 Statistics	D&G Free Meals % Uptake	Scotland Average % Uptake
Primary 1 – 5	82%	68.4%
Primary 6 – 7	82%	66.2%
Primary Total P1 – P7	82%	68.3%

Primary Paid Free Statistics

The table below shows a year-on-year uptake for paid and FSM uptake in primary schools for the last 5 years.

Dumfries and Galloway	Year	% Pupils who take a meal (paid and free)	Scotland Average %
Primary Uptake	**2017**	73.4%	65.0%
Primary Uptake	**2018**	70.2%	61.9%
Primary Uptake	**2019**	70.0%	60.4%

Primary Uptake	**2020**	**67.2%**	**58.6%**
Primary Uptake	**2021**	**72.2%**	**59.5%**

Secondary School Meals Healthy Living Survey Data 3.13 Secondary FSM Statistics:

The information received regarding the census data shows a decline in Dumfries and Galloway Secondary FSM uptake from 66% in 2020 with current data highlighting 59.9%.

The table below shows the uptake figures for FSM from the Healthy Living Survey Data

2022 Statistics	**D&G Free Meals % Uptake**	**Scotland Average % Uptake**
Secondary	**59.9%**	**59.5%**

Secondary Paid and FSM Statistics:

The 2022 Healthy Living Survey Data figures highlights a 6% decrease in Secondary school meal uptake (paid and free).

The 2021 census data figures highlight a decrease in (paid and free) school meals uptake to that of 2020 by 5.5% to 47%.

The table below shows a year-on-year uptake for paid and FSM in secondary school for the last 5 years, please note that due to Covid there was no census data collated in 2021.

Dumfries and Galloway	**Year**	**% Pupils who take a meal (paid and free)**	**Scotland Average %**
Secondary Uptake	**2017**	**55.7%**	**43.3%**
Secondary Uptake	**2018**	**52.0%**	**43.9%**
Secondary Uptake	**2019**	**56.8.%**	**45.2%**
Secondary Uptake	**2020**	**52.5.2%**	**44.6%**
Secondary Uptake	**2021**	**47%**	**35.9%**

8 April 2021 saw changes to the Nutrition Bill Legislation for both primary and secondary schools which have been fully implemented by the catering service.

These significant changes on the return in April 2021 along with a change of menu have brought with it further challenges, with the eleven main points of change being:

1. Increased fibre content in bread and bread products.

2. Increased fruit and vegetables.

3. Reduction in red and red processed meat.

4. Reduction in free sugar through sweetened baked products, yoghurts, and breakfast cereals.

5. Decrease in total and saturated fat.

6. Limitation of pastry products.

7. Sugar-free soft drinks in secondary schools only.

8. Secondary school analysed lunches.

9. Daily analysis in addition to weekly analysis for energy.

10. Change in the Nutrient Standards.

11. Increased energy standards in the menu analysis for secondary pupils and decrease for primary pupils.

The restart of schools and nursery settings in August 2021 also proved to be difficult for the school meals service, particularly in the primary and secondary sectors. The catering service has been faced with their own unique challenges relating to the school meals service and returning the uptake of meals to their pre-Covid levels.

Nationally, primary school meals have remained stable based on 2020 Census data with this year stats showing a Scottish average uptake of 59.5% for free and paid meals, nationally secondary schools are showing a concerning downward trend in both free and paid meals. Secondary Free School Meals (FSM) have seen a reduction from 71% to 59% with free and paid uptake slipping from 44.6% to 35.9%. Dumfries and Galloway secondary school meal uptake is in line with the national trend in the reduction of free and paid meals.

The addition of the direct payment option fitted with recommendations of The Scottish Child Poverty Action Group who made representation to all Council's to consider the introduction of direct payments to families in receipt of Free School Meals. As part of the development of our new partnership strategy to Tackle Poverty and Inequalities, a cash first approach was acknowledged as the best way to support people.

Our Council received funding of £543,000 from the Scottish Government to support Holiday Food Provision for Primary and Secondary. This did not fully cover the cost of delivering the Holiday Food Programme. This Government funding covered Monday-Friday only and did not include weekends. It also funded at a lower rate that what we pay families as we pay an enhanced rate to support our families.

When the current model was implemented, there was no end date agreed as we did not know at that point how long the pandemic would last. Alongside this the Scottish Government now give a Child Cash Payment to all families of £150 per child to support families during the School Holidays. In light of the new Scottish Government Child Payment and Scotland now in the recovery phase of the pandemic, we intend to carry out a review of our Holiday Food Programme.

3.2   Outcome 2: Support is available to people who need help with food where, when and how they need it – good progress

(Key groups – food share providers, families on low incomes, individuals on low incomes, Revenues and Benefits Team, FIAT Team, DWP)

Households in the United Kingdom have experienced a significant fall in living standards since late 2021. As of January 2023, 92% of UK households reported that their cost of living had increased compared with a year earlier. In the same month, 67% of households had experienced monthly increases in their cost of living, down from a peak of 91% in the Summer of 2022. The households in question mainly attributed this increase to higher food, electricity, and fuel costs. The crisis is even more acute for the poorest UK households, which typically spend a higher proportion of their income on food and housing costs. Based on forecasts from the Autumn Budget of 2022, real household disposable income in the UK will fall by 4.3% in the 2022/23 financial year, the biggest fall in living standards since the mid-1950s, when this type of data was first produced.

Dumfries and Galloway Community Food Providers

Community Based food providers are a vital supporting mechanism in our fight against poverty and food insecurity within Dumfries and Galloway.

Below is a list of Food Providers located throughout our region including contact details.

Food Provider	Location	Area Covered	Opening Times	Contact Details	Details for Donations
Apex Scotland	77-79 Friars Vennel, Dumfries, DG1 2RF	Nithsdale and Stewartry	Monday, Tuesday, Thursday and Friday, 10am to 4pm	Crystal Soltys or Fiona Dalgleish Call: 01387 256310	Drop off any time within the opening times
Apex Scotland	2 Back Rampart, High Street, Stranraer DG9 7LW	Wigtownshire	Monday to Friday, 10am to 4pm	Alison Graham or Aynsley Balfour Call: 01776 700973	Drop off any time within the opening times
Dalbeattie Foodbank	71 high street Dalbeattie	Stewartry	Monday, Tuesday, Wednesday 6-7pm and Friday 3.30-5.30pm	Emergency calls 07444 3328 59 email: donnamck.dci@gmail.com	Drop off any time within the opening times
Kate's Kitchen	The Old Bank, 52 High Street, Annan, DG12 6AN	Annandale and Eskdale	Tuesdays and Thursdays, 9am to 5pm	Call: 01461 206444 email: info@kateskitchen.org	Drop off any time within the opening times

Food Provider	Location	Area Covered	Opening Times	Contact Details	Details for Donations
Kirkconnel and Kelloholm Development Trust	KKDT Office, Hillview, Kirkland Drive, Kelloholm DG4 6ST	Kirkconnell and Kelloholm	Every day 11am onwards	Tel: 01659 66911 email: michelle@kkdt.org.uk	Drop off any time within the opening times
Lochside Community Association	Rankine Avenue, Dumfries, DG2 9NS	Dumfries and all surrounding areas	Every day 11am onwards	Call: 01387 250 582 email: Karen.Wylie@lochsideca.org	Drop off any time within the opening times
Machars Churches Basics Food Bank	11a Albert Street, Newton Stewart DG8 6EF	Machars - Newton Stewart, Wigtown Kirkinner, Sorbie, Port William, Whithorn, Isle of Whithorn, Creetown, Kirkcowan	Tuesday and Thursday, 9am to 12noon	Call: 07884370419 email: marlaneg690@btinternet.com	Call to arrange drop-off
Rhins Basics Bank		Stranraer and all surrounding villages	Flexible hours	Call: 07715 677 204	The Royal Bank of Scotland, 15 Bridge Street, Stranraer, DG9 7JA Halifax / Bank of Scotland, 64-66 George Street, Stranraer, DG9 7JN
River of Life Church	Dumfries Station, Lovers Walk, Dumfries DG1 1LU	Dumfries	Every day 6.30pm to 7.30pm	Call: 01387 264646 email: food@riveroflife.org.uk	Drop off any time within the opening times
Stepping Stones Food Bank	198 King Street, Castle Douglas, DG7 1DB	Castle Douglas and surrounding areas	Monday, Wednesday and Friday, 10am to 12noon	Call: 07730788335 email: steppingstones@castledouglas.info	Drop off any time within the opening times

Food Provider	Location	Area Covered	Opening Times	Contact Details	Details for Donations
Summerhill Community Centre	Ballochmyle Terrace, Summerhill, Dumfries, DG2 9EF	Dumfries and all surrounding areas	11am to 8pm	Call: 01387 247 344 Mob: 0774 392 4609 email: https://www.summerhillcentre.com/contact	Drop off any time within the opening times
The Fed Up Community Cafe	12 Bridge Street Stranraer DG9 7HY	Stranraer & The Rhins	Monday to Friday, 9.30am to 2.30pm	Call: 01776 706159 email: info@fedup.org.uk fedup.org.uk	Drop off any time within the opening times

The benefits of community food provision is wider than just food. Getting involved can increase access to healthy meals, help individuals to develop life skills such as growing of fresh food, budgeting, meal planning, cooking and social skills and support members of the community to connect and start new friendships.

Below are a few examples of how the local groups across Dumfries and Galloway are achieving those goals.

Fed Up Café – Stranraer

The Fed Up Café in Stranraer was set up in 2018 to offer free food, drink and support services to local people who need it.

They work to reduce social isolation, loneliness and poverty, while at the same time offering support and training to help people get back on track in getting a job or getting the help and support they need. Although this alone will not fix all the problems out there, it will go a long way to help.

Of the 11,000 (approx.) people living in Stranraer and the Rhins, poverty is a problem that effects 24% of people, with 18% of that 11,000 being children and this is increasing each year.

To help combat this, we offer a place people can go where they are not judged and are treated as an equals when they come through the doors. This can then help people combat social isolation or get the confidence to get out there and get a job and to know that they are not alone.

Our approach helps to reduce food waste, by taking donations from local food businesses who would normally throw this food away.

We offer 6 week cookery courses which enables people to learn basic cookery skills and gives individual the confidence to cook tasty meals at home.

We help train people in hospitality including cheffing and front of house. We want to give people life skill training to help gain control of their own home whether it is understanding home safety, or being able to cook a nutritious meal on a limited budget.

We want people to come and ask for advice on anything. We would then give that advice or point them in the right direction to get the help and support they need.

Introduction of Local Pantries

Pantries soften the blow of high living costs and create the conditions for communities to grow and thrive, by bringing people together around food. Pantries are strengthening communities, fostering friendships, loosening the grip of poverty and contributing to healthier, happier lives. Pantries operate as membership food clubs and neighbourhood hubs, often serving as springboards to other community initiatives, opportunities and ideas.

Summerhill Community Food Hub - Dumfries

Summerhill Community Association have developed a Community Food Sharing Hub which has many different strands that engage with the wider community on many different levels through food.

We have developed our own food hunger action plan whereby our Community Pantry is just one of the many food projects to provide that helping hand to people in the wider community.

The Pantry has three strands:
- Weekly Membership for cooking classes and weekly shopping
- Food Pantry drop in
- Community Food Boxes

Each strand helps to reduce food shopping bills; access fresh and healthy food; reduce debt and enables tight household budgets to stretch a little further. There are also many social benefits through our Community Pantry too.

Why a Pantry? Because we know some people are struggling financially and we know people should have access to healthy food and to be able to choose food shopping in a dignified manner.

We also use food as a tool to engage with people, develop new skills, provide additional support and signpost people onto relevant services.

Our wide range of food activity also has a big ripple effect upon our volunteers learning or teaching new cooking skills. These training sessions and peer mentoring opportunities allow us all to put the knowledge gained from group sessions and online training into practice in a more appropriate workplace setting.

Reducing food poverty and accessing food / household essentials and clothing in a dignified way is a really important piece of our daily work at Summerhill. Up to March 2021 we provided over 25000 meals through community food sharing boxes that were a lifeline for some of our most vulnerable in the communities.

Kate's Kitchen – Annan

Kate's Kitchen offers a safe, friendly place, a hot meal and a listening ear.

We are a staff and volunteer-run drop-in facility that operates as a café two days per week in Annan.
Kate's Kitchen is not your regular run-of-the-mill cafe. We dish up a lot more than just good food, good company and 'a nice cuppa.' We operate on the premise that – 'All are welcome,' although our service is aimed at those on a low income and those that are homeless,and vulnerable. The food is delicious, wholesome and free, but donations are welcome to help with running costs.

In addition to the hot meals we serve weekly, we also offer non-judgemental support in a warm, welcoming environment to anyone in Annan who needs a helping hand and a friendly smile. The project also provides support to clients from Dumfries and the neighbouring towns and villages of Annandale and Eskdale.

Kate's Kitchen is a lifeline to the community and can best be described as a 'safe haven' for weary travellers on their journey through life.
Services include:

- Free Hot Food Provision
- One-To-One Support
- Food Parcels
- In-house Training
- Life Skills
- Gardening Project
- Creative Groups (Crafts)
- Signposting
- Room Use/Hot Desking/Computer Suite
- Volunteer Opportunities

Scottish Welfare Fund

The Scottish Welfare Fund can help with things like food or heating costs if people find themselves in a crisis or need help to carry on living outside of care.

Crisis Grant awards are limited to three awards per customer in any rolling 12-month period any further awards are only available in exceptional circumstances. There has been an increase in the number of customers making repeated applications for Crisis support, citing increased food and fuel costs. A number of these customers are reaching or have already reached the three-award limit. Support continues to be provided at the maximum level available and unsuccessful customers are directed to any supports available.

Community Care Grant awards are currently made based on priority with awards made for all goods which are deemed 'medium' priority. During the reporting period there was an agreed commitment to the continuation of awards at medium priority to meet ongoing demand.

Hot Meal Delivery Test of Change

As we know there are a number of well documented challenges in delivering care and support to people across Dumfries and Galloway.

Dumfries and Galloway Council, in partnership with the Health and Social Care Partnership and Third Sector Dumfries and Galloway set out to undertake a test of change to provide a meal delivery service across the region to people who have been assessed by Social Work Services as requiring care and support.

This project implemented a hot meal delivery service to support people to live independently at home or in a homely setting for longer. The service has been for people who a) have been identified by Social Work Services as having a critical need for care and b) require support with meal preparation as part of their care plan.

Based on our test of change, and the data gathered the cost of provision for a 2 course hot meal, delivered (including milage payments) has not exceeded £9.00. This being the maximum amount based on our experience within the Annandale & Eskdale area, with multiple meals being delivered over an expansive area.

Provision whilst mainly in the Nithsdale area and Annandale & Eskdale area all areas have had participation in the test, the rural nature of our region has been challenging.

The hot meal provision has become part of a wider project being considered by Health and Social Care Partnership Governance and Performance Group.

Current proposal set out below are for the provision of a blended model of care and support at home that seeks to promote and deliver a more collaborative approach to the meals component of a care package involving multiple parties, including third sector to provide nutritional support to people within Dumfries and Galloway region.

This model is proposed as a test of change currently with core objectives of this collaborative approach are to enable the partnership to achieve better outcomes for people, increasing resilience and wellbeing with an improved nutritional status, potentially reducing future demand on care and support services.

Objective 1: Establish a region wide network of hot meal/food provision and nutrition support.

Objective 2: Reduce the volume of meal visits via formal care at home

Objective 3: Reduce the number of unnecessary bed days related to delayed hospital discharges by "recycling" that care and support resource

Objective 4: Produce region specific data by screening for malnutrition risk using the Patients Association Nutrition Checklist toolkit

Objective 5: Enable development of creative blended options for care and support where there is a need for nutritional support

3.3   Outcome 3: Involvement in food sharing helps with other aspects of people's lives – Good Progress

(Key groups – food share providers, families on low incomes, individuals on low incomes, lifelong learning and Employability and Skills Service)

Volunteering is a great way for individuals to develop their skills to help others whilst learning. It provides opportunities to bring a change in the people around you, and in the process, it also changes you. What makes a good volunteer is their passion and enthusiasm to bring some kind of positive change through their work.

Above all, volunteering is a way of giving back to the community while also developing essential social skills and gaining valuable experiences.

Personal Testimony - Summerhill Community Centre Volunteer

I just want to say thank you for all your help.

The past 2 months have been terrible, and I would have struggled without the food pantry each week.

Getting another chance to work and a good volunteer reference has also got me in a good place. I will never forget how my life has changed and I can now support others to move on, think positive and never give up.

I cooked a dinner yesterday at my new home, where I now have a cat, a boyfriend and a smile.

 You are all just stars!

Through working with local providers, we identified several training opportunities which would support volunteers to build their skills and abilities. Participation in this training ensured that many of the Community Food Providers have capacity within their organisations to continue to provide support in the safest way possible and enhance the skills and abilities of their volunteers.

The table below details a range of courses and the number of volunteers who participated.

Course	Volunteers Trained
REHIS Elementary Food Hygiene	28
Health & Safety	11
Health & Wellbeing	11
GDPR	11
Emergency First Aid	10
Equality and Diversity Training	8
Poverty Awareness	7
Stroke Awareness	4
Dementia Awareness	3
Fire Warden	3
Malnutrition	3
Manual Handling of Objects	2
Intermediate Food Hygiene	2
Total	**103**

Feedback form Participants

Health and Safety

"The trainer made the course enjoyable and explained everything really well."

"A good, relaxed, informative session. It will be useful going forward."

REHIS Elementary Food Hygiene

"Very enjoyable – the trainer is very knowledgeable but also very down to earth and practical. She addressed my many many queries, so it is all easily applicable to my situation."

Fire Warden

"I learned about the different fire extinguishers to apply them to the centre to maintain a safe area in case of fire."

Stroke Awareness

"Interesting identifying strokes and causes and what to do before and aftercare".

GDPR

"I learned about and what GDPR is. I will be more conscious about people's confidentiality now."

3.4 Outcome 4: Food sharing arrangements are as efficient and effective as possible Good Progress

(Key groups – food share providers, families on low incomes, individuals on low incomes)

Dumfries and Galloway Sustainable Food Partnership

Dumfries and Galloway Sustainable Food Partnership is working together for a fair, healthy and sustainable food system.

Members of the SFP represent different sectors across the food system. By working collaboratively they bring a joined up approach to food policy, ensuring that everyone has equal access to affordable and healthy food that is good for the environment, and good for the people who produce, cook and serve it.

The D&G Sustainable Food Partnership continues to bring together stakeholders and partners from across the entire region, covering Stranraer to Langholm, Sanquhar to Whithorn. Members of the SFP represent different sectors across the food system.

Dumfries and Galloway Local Food Gatherings have been held in different locations across the region. They were open to anyone who wanted to discuss food systems in the region – with the target audience being farmers and producers, food businesses, community food projects, health workers, food educators, policy officers and food citizens.

Each event followed the same format:

• 20 minutes was given in the morning for networking over hot drinks.

• an overview of the aims of the day, the goals of the Sustainable Food Partnership and progress over the last year.

• 3 speakers gave 15 minute input in the morning to describe their work, particularly in relation to the Food Partnership goals.

• An hour was given to a networking lunch

• Discussion groups in the afternoon considered 4 questions:

- What matters most to you around food?

- What are the big things we need to change?

- What can people, communities, workers and citizens do?

- What are you key asks for the Sustainable Food Partnership

In numbers:

Event	Total	Producers	Community	Health	Local Authority	Business
Dumfries	27	2	14	4	3	4
Castle Douglas	25	6	11	3	2	3
Gatehouse of Fleet	24	11	9	1	2	1
Stranraer	22	4	12	2	2	2

Key Themes from Discussions

There was consensus across all the events that what matters most to people is that their food is nutritious and tasty, and good quality. People were also clear that food should be affordable and accessible to people on low incomes, but also represent a fair price to the producer.

It was clear that people also wanted their food to be produced in a way that is good for the environment, without chemicals.

Beyond this, there was a clear expectation for good food education.

The Big Changes identified included better food distribution for locally produced food – noting short supply chains, lack of processing facilities such as abattoirs, and other necessary infrastructure.

Food production featured heavily here – there were repeated asks for more vegetable production and local growing, better access to land, subsidies and other support for small scale and diverse producers.

Food waste was flagged as a key issue, along with packaging.

Education again underpinned much of the discussion around this question. The need for better food education in schools, colleges, university and in communities was repeated time and again.

In terms of local and community action, a very wide range of practical suggestions were offered which will be shared with the Community Food Network. Generally, these included more sharing and celebrations, cooperation and peer learning. Again, education in all its forms, which can be delivered by and for communities.

Attendees at the Gatherings were clear about what they wanted the Sustainable Food Partnership to do. Again, education topped the list. This included mentoring, and also placements, trainees and apprenticeships in all things sustainable and good food.

There were clear asks to find ways to improve both local food production and infrastructure. Access to land and support for small scale producers was mentioned in particular, along with projects to support short supply chains – including big capital infrastructure projects.

People thought the Sustainable Food Partnership should have increased visibility, for example at more events which will promote opportunities for networking and collaboration. Another angle to collaboration was to ensure joined up working between community, public and private sectors.

An information portal and comprehensive mapping for all things sustainable food was suggested.

Procurement came up several times – the Sustainable Food Partnership should do whatever it can to ensure better and more local food on school plates.

And finally, but mentioned frequently in different ways – attendees asked the Sustainable Food Partnership to ensure high level policy work that can affect real food systems change.

Going Forward

Initial points to draw from the above include:

Policy and Strategy Start work to deliver a food plan that takes a systems approach with the 4 pillars of sustainability at its core (environment, social, economic, cultural).

Education - Facilitate improvement across all forms, including qualifications, peer mentoring and support, placements and trainees. Continue and expand work of the Food Education Working Group.

Food Production - Encourage and enable increased vegetable production and diverse forms of production that prioritise soil health, ecosystems and ecology.

Supply Chains - Support and enable more short and local supply chains.

Outreach - Facilitate more opportunities for networking, be visible at events, encourage involvement, mapping and information.

Communities Support - communities around food action: celebrate, share, cooperate, learn, and support work that tackles food access and inequalities.

Fareshare

The Tackling Poverty and Inequalities Policy Development Funding Funded FareShare Memberships for Community Groups at the cost of £39,000 from April 2021 – March 2022.

FareShare is the UK's national network of charitable food redistributors. They take surplus food from across the food industry and get it to local frontline community groups.

Dumfries and Galloway Council again allocated Tackling Poverty and Inequalities Policy Development Funding in April 2021 to cover the Membership & Delivery Fees for each of our 15 Memberships in recognition of the significant contribution which this Project makes to combating food insecurity.

£39,000 of Policy Development Funding was allocated to 15 community groups across the region, enabling them to access an annual Fareshare subscription and get access to food on a weekly basis.

Minimum amounts guaranteed for our region were 91.8 Tonnes of Food to be delivered and 218,565 Meal Portions.

The total amount of food delivered by Fareshare to the 15 member organisations supported in 2021/22 is as follows:

- 169 tonnes of food delivered into Dumfries and Galloway.
- 402,389 meal portions
- £603,583 value of meal portions
- 162 tonnes of CO2 saved

This volume of food delivered far exceeds the minimum amount which is guaranteed per year by Fareshare and is continuing to have an incredibly positive an impact on food poverty within Dumfries and Galloway.

Fareshare and all of the organisations supported reduce food waste on a huge scale and an added benefit of this project is the additional bonus of helping to save on Co2. Through all of the food products and supplies which have been received in, an extra 162 tonnes of Co2 has been saved which will greatly contribute to our Dumfries and Galloway Council's Carbon's Emissions Target.

This Project continues to make a significant difference to all of the Community Food Providers supported and each and every client whose lives are enhanced through the provision of these essential supplies.

In addition, during March 2022, we successfully secured an additional four new Memberships for the following organisations:

- The River of Life Church, Dumfries

- The Oasis Youth Centre, Dumfries

- Castle Douglas Stepping Stones Project, Castle Douglas

- Dalbeattie Community Initiative, Dalbeattie

There is increased demand for support from other food sharing organisations which we hope can be considered moving forward.

Community Food Providers Networks

The activities of Community Food Providers across the region continue to move forward in a more co-ordinated way.

Through the further development of the regional and local food networks we continue to support the transition of local groups from providing emergency food aid as the primary response and to develop more dignified models which promote choice, participation and community development and support pathways out of crisis.

These locality partnerships are building in strength and are creating joint opportunities for food based projects, providing support to those most vulnerable within our communities.

Food providers staff and volunteers continue to participate in training, webinars, research topics and built contacts and relationships with other local authority areas to identify and share good practice.

Particular areas of interest are:

- Consistent recording of volunteers' journeys and sharing learning and practice

- Mapping of new food providers and sharing locations

- Facilitate regular engagement between third sector providers, especially in the Community Food Providers Network

- Capturing the good practice and transferrable practice from food related projects

3.5 Performance measures that support the four Locality Plan Outcomes

There is a number of performance indicators and projects that contribute to more than one of the Outcomes.

Code P2C4M06E&D_PI01

Short Name School Meals Uptake – Primary Schools

Time Period	Value	Forecast	Activated	Target	Note	Short Tre...	Status	Annual Target
2020/21	0%		✓	62%	📝	⬇	🔴	62%
2021/22	72.2%		✓	62%		⬆	✅	62%
2022/23			☐	62%				62%

It should be noted that no recorded or available data available form the Scottish Government due to Covid for 2020/21.

Code P2C4M06E&D_PI02

Short Name School Meals Uptake – Secondary Schools

Time Period	Value	Forecast	Activated	Target	Note	Short Tre...	Status	Annual Target
2020/21	0%		✓	44%	📝	⬇	🔴	44%
2021/22	47%		✓	44%		⬆	✅	44%
2022/23			☐	44%				44%

Code P2C4M06E&D_PI03

Short Name Number of Nursery Meals provided through 1140hrs settings in Local Authority and Private Nurseries that participate

CRISIS

Time Period	Value	Forecast	Activated	Target	Note	Short Tre...	Status	Annual Target
2021/22	292,147		✓	8,000			✅	8,000
2022/23	197,228		✓	300,000		⬇	✅	300,000

GRANT PROCESSING TIME - KF2NS_PI03

Time Period	Value	Forecast	Activated	Target	Note	Short Tre...	Status	Web Pub...	Total applications rec...	Total applications pro...	Annual Target
H1 2021/22	1days		✓	1days	📝	⬇	✅	☐	3,054.56	3,040	1d
H2 2021/22	1days		✓	1days		⬇	✅	☐	3,974.02	3,834	1d
2021/22	1days		✓	1days	📝	⬇	✅	✓	7,028.58	6,874	1d

Add

👤 Howat, Jayne   Show Revision ▾   11 October 2022

1. Change in performance – performance against target, trend and benchmark data -
2021 performance is on target, with in period processing time of 1 working day to process an application for a Crisis Grant. In period we received 6,997 applications for a grant.
We awarded £465,354 to 4,774 people/families in need.
2. Reasons for changing performance - The volume of applications and contacts from customers remains high. Staff are also supporting the delivery of Self-Isolation Support Grants.
3. Action/s we are taking to improve performance – Additional staffing resource is being deployed from other areas of the service as and when the need arises, along with part time workers, working additional hours

P2C3M3NS_PI01   **Number of Looked After Children and Care Leavers gaining free access to leisure and sport activities**

Time Period	Value	Forecast	Activated	Target	Note	Short Tre...	Status	Web Pub...	Annual Target
2021/22	1,573		✓	480	📝	⬆	✅	☐	480
2022/23	1,847		✓	1,550		⬆	✅	☐	1,550

P2C3M10NS_PI01   **Partner all schools across Dumfries and Galloway with local libraries to give every child a library membership**

Time Period	Value	Forecast	Activated	Target	Note	Short Tre...	Status	Annual Target
2020/21	0%		✓	88%	📝	⬇	🔴	88%
2021/22	100%		✓	93%		⬆	✅	93%

4. Next steps

The Community Empowerment (Scotland) Act 2015 Part 2 [CE(S) A 2015] requires each Community Planning Partnership (CPP) to prepare and publish a Local Outcomes Improvement Plan (LOIP) and Locality Plan(s).

It was previously agreed that there would be a review at the mid-point of both the LOIP and Locality Plan (2017-2027) which is during 2022.

As agreed, and reported previously to CPEG and the CPPB, the mid-term review of the LOIP and Locality Plan is now well underway with various options now emerging.

COMMUNITY PLANNING PARTNERSHIP BOARD – 17 March 2023

DRAFT DIGITAL EXCLUSION ACTION PLAN – PROGRESS UPDATE

ITEM - 6

Author:	Responsible Senior Officer:
Natalie Anderson, Projects Manager, Third Sector Dumfries and Galloway	Norma Austin Hart, Chief Executive Officer, Third Sector Dumfries and Galloway

Report Title: Draft Digital Exclusion Action Plan – "Digital Exclusion in Dumfries and Galloway: A Multi-Agency Response"

1. Situation:

1.1   The CPPB is asked to consider and note the update and recommendations provided on the draft digital exclusion action plan "Digital Exclusion in Dumfries and Galloway: A Multi-Agency Response."

2. Background:

2.1 Third Sector Dumfries and Galloway carried out comprehensive primary research on digital exclusion in Dumfries and Galloway, publishing the report "Digital Exclusion in Dumfries and Galloway" in September 2022.

2.2 The key findings of the report were not as expected and suggest that digital exclusion in Dumfries and Galloway is complex. Further analysis of the research is underway.

2.3 A multi-faceted approach is required to address the diverse root causes at the heart of digital exclusion, which cannot be tackled by a single organisation effectively.

2.4 A short life working group was established in November 2022 to develop an action plan and recommendations for the Community Planning Partnership Board (CPPB). The group included senior representation from Third Sector Dumfries and Galloway, Dumfries and Galloway Council, Dumfries and Galloway Health and Social Care Partnership, Dumfries and Galloway College, South of Scotland Enterprise, Institute of Research and Innovation in Social Sciences.

2.5 This will enable CPPB to develop, deliver and monitor a digital inclusion action plan for the Dumfries and Galloway region.

3. Key issues:

3.1 The draft report "Digital Exclusion in Dumfries and Galloway: A Multi-Agency Response" is attached as **Appendix 1**.

4. Recommendation:
The Community Planning Partnership Board is invited to:

4.1   Endorse the work of the Digital Short Life Working Group;

4.2   Acknowledge the partnership approach that has been taken in the development of the action plan; and

4.3 Support the continuation of the Short Life Working Group to develop the action plan to include lead agencies for each action and a timetable.

27 February 2023

Appendices (1)

Appendix 1 – Digital Exclusion in Dumfries and Galloway: A Multi -Agency Response

APPENDIX 1

DIGITAL EXCLUSION IN DUMFRIES AND GALLOWAY:

A MULTI-AGENCY RESPONSE

February 2023

Introduction

Third Sector Dumfries and Galloway (TSDG) carried out comprehensive primary research on digital exclusion in Dumfries and Galloway, following its desk-based research in 2020 that identified only a partial picture of digital exclusion in the region and a need for a more in-depth analysis. The primary research concluded and the report "Digital Exclusion in Dumfries and Galloway" was launched on the 27th September 2022 to an audience of key agencies in the region and has since been referenced by the Scottish Parliament in Holyrood and brought to the attention of national policymakers. It is understood to be the first primary research into the nature of digital exclusion in rural Scotland.

The 213-page report, based on 898 survey responses, and over 148,000 data points, provides a highly detailed analysis of digital exclusion in Dumfries and Galloway, and identifies key barriers to digital inclusion such as quality of access, motivation, and skills. The report has significant implications for local and national policymakers, public service organizations, and Third Sector Organisations (TSOs) and Public Sector Organisations (PSOs)
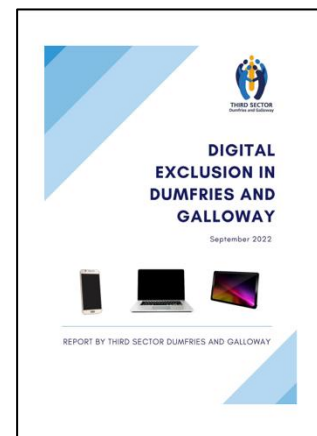
The effects of digital exclusion are extensively researched, understood, and documented in the full report. A summary of these is provided in Appendix 1.

Key Report Findings

The key findings from the report have wider implications for TSOs and PSOs, partnerships, public service organisations and policymakers at the local and national levels. The findings include:

Access - The goal posts have moved as there are now few respondents with no digital access. Instead, the concern is quality of access. Issues include connectivity (speed and reliability), quality of device (type and age) and the move towards online access (reduced face-to-face transactions, design of web services). Income is having a major impact on digital access.

Motivation – This is now the main barrier. 41% prefer not to use online transactions, preferring face-to-face. There are many people who know how to but don't want to use online services and many who have no intention of learning to use them. There are still strong preferences for face-to-face services and getting friends and family to undertake transactions. Changing these will be challenging as they are highly valued.

Skills – The issues around skills are not about providing training courses as very few people are willing to learn to use services and facilities (circa 1% i.e., 9-10 people). There are respondents who lack confidence or those who are asking for support when they 'get stuck'. They are not asking for courses but to be helped on a one-to-one basis. Due to motivational issues, there is also a challenge in convincing people that there are benefits to them in learning to use the internet. These benefits may be unique to an individual's interests e.g., talking to family on Zoom/Teams, watching You Tube clips on their hobbies, reading aloud to them, finding things they cannot remember etc.

There is a substantial literacy barrier (1 in 12) and a smaller English language issue which affect more than just digital inclusivity.

These new primary findings for the region have significant implications and opportunities for those developing service strategies, digital strategies and designing and developing online services for the vulnerable in our region.

> Those on the lowest incomes are more likely to access the internet by mobile phone, this reduces access quality, they are also less likely to use email and internet

> *My housing provider has installed wi-fi in my flat and throughout the communal areas of the building but I don't use it.*

> *Use mobile, I do not own any other devices and can't afford internet service at home*

> Connectivity – 42% think that speed and reliability are average or poor

> *I can only use it when I have support from a carer due to physical disability*

> Those on the lowest incomes are 40% less likely than those on the highest incomes to have a device other than a mobile phone in the household

Digital and Human Rights

In "A changing nation: how Scotland with thrive in a digital world", the Scottish government's digital strategy, it states '… that whilst technology can transform lives for the better, its essential that we ensure that no one is left behind'.

Whilst motivation has been identified as a key issue for digital engagement, we also need to respect the basic human rights of our population to choose NOT to use digital means for engaging with services. As the government's digital strategy articulates:

"We will make design decisions through the lenses of inclusion and offer clearly signposted alternative ways of accessing services for those who cannot, or do not want to, use digital routes. This will include the development of tools, processes and approaches that will allow identity to be established in a secure and sympathetic way for the digitally excluded."

Scottish Care identified six human rights principles for digital health and social care in 2019. One of these is "Digital as an ongoing choice". 'Digital first' approaches can risk alienating or disadvantaging those who are currently excluded from accessing digital services. Instead, there should be 'digital choice'. People should have equal access to services on equal terms, regardless of their circumstances. Moreover, we need to recognise that circumstances change and that people might want to switch between digital and analogue service provision seamlessly, in a way that suits them."

An Action Plan for Tackling Digital Exclusion

A multi-faceted approach is required to address the diverse root causes at the heart of digital exclusion, which cannot be tackled by a single organisation. No agency is accountable for or has the mandate to tackle digital exclusion. There are many and varied complex factors contributing to digital exclusion, as the detailed research report identifies.

For this reason, a Digital Exclusion Short Life Working Group was established, to develop recommendations for the Community Planning Partnership Board (CPPB) that will enable the CPPB to develop, deliver and monitor a digital inclusion action plan for the Dumfries and Galloway region.

The membership of this group included senior representatives of:
- Third Sector Dumfries and Galloway
- Dumfries and Galloway Council
- Dumfries and Galloway College
- South of Scotland Enterprise
- NHS Dumfries and Galloway
- Institute of Research and Innovation in Social Sciences (IRISS).

Planning for Action

First and foremost, each of the agencies operating in our region needs to take the findings from the "Digital Exclusion in Dumfries and Galloway September 2022" and consider them in the context of their policies, processes, procedures, service design and offerings. This activity is outwith the remit of the CPPB, and the responsibility lies wholly with the agencies themselves.

To address the complexity of issues underpinning the findings from the research, the Digital Exclusion Short Life Working Group has taken each of the key findings in turn and proposed actions to generate impact. (The findings and proposed actions are articulated in Table 2 below.)

It should be noted, that at this stage, not all findings or implications have actions. Further information, research analysis or understanding is required against some of the key findings. As we are addressing issues relating to digital exclusion and digital restrictions, the working group determined that an agile approach be taken to developing and delivering action. What this means in practice is moving at pace, developing solutions now rather than trying to design a 'perfect' outcome which is unachievable in the fast-moving world of digital.

As a method of project working, in this context agile is characterised by the division of tasks into short phases of work and frequent reassessment and adaptation of plans.

The actions are grouped under the following headings:

- Access
- Motivation
- Skills
- Age
- Income

- Disability
- Literacy
- Social Housing

53 actions have been identified in total. Whilst this seems a significant workload, many are aimed at increasing the knowledge and understanding of the issues associate with digital inclusion – raising its profile amongst those employees and staff who design and deliver our services.

Table 1 below summaries the actions identified by key finding category.

Number of actions by category	
Access	20
Motivation	8
Skills	8
Age	7
Income	5
Disability	3
Literacy	1
Social Housing	1

Table 1: Actions by key finding category

Recommendations

The SLWG recommends that the CPPB:
1. endorse the work of the Digital Short Life Working Group
2. acknowledge the partnership approach that has been taken in the development of the action plan
3. support the continuation of the SLWG to develop the action plan to include lead agencies for each action and a timetable.

ACCESS						
Ref	**Key Finding**	**How Does It Relate to D&G**	**What Does Good Look Like**	**How Do We Get There**	**Action**	**Comments**
A1	Most now have access, but quality of access is key.	Whilst it is now about quality of access there are still issues of speed and quality of connectivity.	Adequate to good speed and connectivity for at least 98% of the population.	This is identified in the Regional Economic Strategy (RES), therefore, to get there we need to deliver the RES.	Confirm what is in the RES. Identify any gaps and check to ensure solutions don't exclude vulnerable groups as identified in this research.	
A2		The switch from analogue to 100% digital (2025) may affect access.	The switch does not negatively impact on levels of digital inclusion and access.	Increase understanding of the switch to digital and identify implications to those with access and quality to access issues.	Research the implications of the 'switch off' to determine implications, if any.	There is a particular issue for health and social care (Care call equipment etc) – but this is being addressed and finance has been identified.
A3		Significant evidence that vulnerable groups are using old devices/ sharing devices/lower income groups affording access in order to access services.	Individuals have devices suitable and secure to their needs.	Develop a circular economy (as per other regions) to refurbish and distribute devices.	Develop and support efforts to encourage organisations to set-up and run refurbishment and distribution services within the region.	Based on existing national models.
A4				Protect existing recipients of the Connecting Scotland programme, to ensure their devices remain relevant and secure, and data access can be maintained.	Develop a regional multi-agency response to influence central policy makers to ensure continuity of connectivity for existing recipients of connecting Scotland devices and data.	
A5				Agencies involved ensure that services can be accessed via older devices, in particular mobiles.	Develop a programme to review and test online services (particularly those aimed at vulnerable groups) to ensure	

ID	Issue	Evidence	Outcome	Description	Action	Notes
					access can be achieved through older devices.	
A6				6.3% of the surveyed population have no access to the internet. We need to identify who these are to provide solutions.	Review existing research report to identify which groups are most likely to be in the 6.3%.	Note: the survey was confidential, so identification may be a challenge
A7					If needed, pay for and undertake further analysis of the research data to identify the most likely groups to be in the category.	
A8					Develop an engagement plan to target these groups to develop solutions for them e.g. connecting Scotland.	
A9					If actions above are inadequate develop and deliver an identification and engagement plan e.g. Radio promotion	
A10	Income affecting the type of device and functionality.	Significant evidence that those on lower incomes cannot afford devices and/or data access. D&G has the lowest wage economy in Scotland	Those on lower incomes have access to online services of their choice.	Adoption of a set of principles which would apply to all aspects of digital with an emphasis on equality and inclusion.	Produce the guiding principles and issue	
A11				Capture what we are all doing independently, bring together and establish where the gaps are. Commitment from the partnership. Policy alignment within the CPPB in line with the principles	Gather data from partners on what they are doing	
A12				Specific reference to P&IP	Review relevant national and international research	
A13					Identify actions SOSE can take	
A14					Awareness raising	

Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
A15					Agree collective targets for improving the quality of the digital experience	
A16					TSDG are applying for CLVF to undertake additional analysis in relation to income / poverty	
A17	Availability of devices for those who have to share within a household.	Significant evidence that those on lower incomes have to share devices within households	Proportion of households having to share devices reduces.	-	TSDG are working on a 3-year project plan to address poverty / Digital Poverty	
A18					Gather data from SLWG partners on what they are doing relating to poverty and devices	
A19					Investigate appropriate funding streams to support this work	
A20					Connecting Scotland – contracts coming to an end 2023 – get agreement from CPPB that the partnership will seek appropriate funding from SPF and other sources of funding	

MOTIVATION						
Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
M1	41% of people across all groups prefer not to use online transactions, highly value other approaches.	Whilst many will use online services, other approaches are highly valued for socialization reasons in this rural area. The access to services in a rural area is challenging and potentially unsustainable if online services are not increased.	Increased desire & motivation to use online services.	Identify why people prefer not to use online	Circulate the detailed analysis of transaction preferences for consideration	
M2				Identify interventions to address this	Assess where it is necessary to have non-digital communication	
M3				Accept that there will always be a group which chooses not to use online	Communicate the benefits of digital, increasing desire and providing the opportunity for informed choice	
M4					Develop a framework for digital volunteering and integrate it into the current provision (digital champions), at home, in GP surgeries etc	

Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
M5					Engage workforce / businesses – support in increasing desire and motivation	
M6					Further enhancement of intergenerational digital inclusion projects, building on existing models	
M7	18.4% of respondents across all age groups have the know-how but no desire to use the internet for transactions.	Nearly 1 in 5 don't want to use the internet for transactions	(See above M1 – M6)	(See above M1 – M6)	(See above M1 – M6)	
M8	26% of over 80's don't want access or don't see a benefit. A further 28% have it but don't use it.	1 in 2 over 80's have no desire to use the internet to access services.	(See Age)	(See Age)	(See Age)	

SKILLS						
Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
S1	Not perceived by respondents to be an issue (only 1.2% requested	Skills programmes should be targeted at non-exclusion issues.	There is an increase in the desire and motivation to undertake digital skills development.	Determine what is currently happening here by exploring this finding in greater depth. This will also involve determining the profile of these individuals and geographic location (so we know where they are)	Focus on skills in tandem with actions on motivation and access so we understand what this finding means. In this way we can address it in an appropriate way and sensitive way.	Note: the original survey is confidential, so identification at individual level is not possible.

Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
S2	additional skills).			Explore the issue more	Investigate motivation issues and skills	
S3				Develop a short-medium term plan to address this	As individuals' responses were self perceptions, test this to see whether they would benefit from a form of digital skills development. Such development could take a wide variety forms, including one to one digital handholding, drop in sessions at D&G College, within social settings where digital is not the focus, or within existing community groups / settings.	
S4				Workplace skills need	-	Out with scope
S5				Determine the profile of these individuals	-	Out with scope
S6	Low use of the internet across the survey group for more sophisticated purposes e.g. website management, vlogs, political engagement.	Not directly an issue of digital exclusion but has an impact on regional societal and economic growth, development and attractiveness.	Significantly increased use of the internet for more sophisticated purposes.	Identify why there is low use of the internet across the survey group for more sophisticated purposes. And identify interventions to address the findings.	Work with Dumfries & Galloway College, the third sector and D&G Council to build on the existing provision of digital skills, innovation and entrepreneurship.	
S7					Articulate the benefits and opportunities of digital expertise and what improvements these can bring to peoples' everyday lives. This would need a personalised approach in which digitally excluded (and /or digitally restricted) individuals would present their experiences of digital and how it has improved their lives. A peer advocacy approach really.	This links to Digital Pathfinder and Digital Skills Strategy.
S8						

AGE						
Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments

AG1	(See motivation) Frequency of mobile and internet use declines with age, particularly over 80.	Declining and aging population	Increased engagement from over 80's	People have a right to choose, however where are the opportunities to promote digital inclusion as a benefit.	Digital Care planning - Enable staff to enable customers	Lack of digital training and expertise in staff, having a care plan which can be shared multi agency
AG2					Gather information in relation to levels of equipment issue, care homes, care and support at home (gap analysis)	
AG3					Further enhancement of intergenerational digital inclusion projects, building on existing models	Extra benefits (eg societal)
AG4					Consider channels of communication, more traditional, to ensure that those who are digitally excluded / restricted can access information and services	
AG5					Identify the over 80s group and how / where we can engage with them. Gather data on current activity - map this	Ensure that professionals providing HSC support are aware of this and can help encourage.
AG6					Identify and engage providers of services to the over 80s, to make sure efforts are taken to encourage digital activity	There is tech that is specifically designed for older people in regards to health and social care, e.g. Ethel.

					Consider the public health message - learning new things, keeping the mind agile	The Director of Public Health locally is hoping to produce a different sort of annual report this year – this could be included.
AG7						

INCOME						
Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
I1	The poorer the household the more digitally restricted.	Multi Agency Service providers need to be aware of this fact.	Service providers take this into account when designing services.	Findings of this report are communicated effectively with the agencies to service designers and providers.	Building this specific key finding into the refreshed CP arrangements and the development of the LOIP	
I2		Need to increase quality of access to poorer households.	No household lacks access due to income.		Give information, autonomy and resource to the P&IP to start addressing this key finding	
I3	Lowest income group are 40% less likely than highest income group	Service providers need to be aware of this fact.	Service providers take this into account when designing services.	Findings of this report are communicated effectively with the agencies to service designers and providers.	TSDG are working on a 3-year project plan to address poverty / Digital Poverty (see I2 & A17)	Will relieve connections between income and accessing services
I4	to have another devices other than a mobile phone.	Need to increase quality of access to poorer households.	No household lacks access due to income.		Provide a message to Scottish Government - should they be offering the connecting Scotland campaign again, do not eliminate households which have a device.	
I5	Lower income households much less likely to have an email	Service providers need to be aware of this fact.	Service providers take this into account when designing services.	Findings of this report are communicated effectively with the agencies to service designers and providers.	Set up help centres (eg digital hubs, libraries, service centre) across D&G to enable communities create / maintain an email address	

	address, and those that do tend to use it less frequently. 17% have no email.					

DISABILITY						
Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
D1	56% previously projected in 2020 to have access, 94% have access, similar to general population. BUT numerous examples of accessibility issues due to design.	Service providers need to be aware of this fact.	Service providers take this into account when designing services.	Findings of this report are communicated effectively with the agencies to service designers and providers.	See and action re accessibility - ensuring this is considered in service design	
D2		Need to reduce accessibility issues. (pockets of good experience using tech to solve this, but not widely understood or deployed).	Disability groups are aware of the latest technological improvements to increase accessibility.	Learning between disability groups is shared, regularly and effectively	Third Sector – Create knowledge transfer between disability groups and sharing information with multiagency groups	
D3					Look externally at best practice in relation to learning / accessibility (OU) and share best practice.	Utilise experience of the Digital Champions

LITERACY						
Ref	Key Finding	How Does It Relate to D&G	What Does Good Look Like	How Do We Get There	Action	Comments
L1	8% (1 in 12) have a	Literacy appears to be a much bigger issue than	There is work at a national level to		Build on existing programmes - LLL team in collaboration with	Need to understand

| | literacy barrier. This affect both online and offline consumption of services. | digital exclusion. (Scottish Govn data suggest 26.7% are constrained by literacy issues – extrapolated this would mean 30,000 in our region). | lead on this. D&G to follow, once available. | | D&G College - reduce Literacy as a barrier | this complex area more before recommending actions. |

SOCIAL HOUSING						
Ref	**Key Finding**	**How Does It Relate to D&G**	**What Does Good Look Like**	**How Do We Get There**	**Action**	**Comments**
SH1	33% of those in social housing won't use or have no intention of using the internet. For those that do use it, frequency of use is much lower than rest of population surveyed.	1 in 3 of those in social housing are unlikely to use the internet.	Social Housing owners, take steps to increase participation in digital engagement.	Increase knowledge amongst social housing owners.	Make sure all social housing agencies in D&G are aware of the report	Refer to CPPB membership

Table 2:   Proposed actions to start the journey of addressing digital exclusion, aligned to the key findings of the primary digital exclusion research

Appendix 1: Effects of digital exclusion

For digital to achieve its potential of delivering better outcomes for people, it needs to be truly inclusive of all members of society, including those most at risk of exclusion or harm. While widening access initiatives are a welcome step forward, digital exclusion needs to be tackled at all levels in the community through person-centred rather than system-available responses. Digital skills, confidence and literacy need to be at the heart of digital inclusion activities going forward.

Extract from "[Connecting Scotland Phase 1: Evaluation 26 May 2022, Scottish Government](#)"

Effects of digital exclusion

Social Isolation

The links between social isolation, loneliness and poor mental health are well documented and the pandemic has seen increased prevalence in mental health problems, driven in part by significant increases in people feeling lonely, and spending too much time alone.

Around half of respondents from phase 1 (45%) said their ability to keep in touch with friends or family had been limited or non-existent during COVID-19 lockdown restrictions (welcome survey).

For some people, particularly older and/or disabled people, COVID-19 has exacerbated existing isolation, with key services moving online and physical contact all but disappearing. People who lack digital skills are thus even further excluded than those that are able to replace physical contact with online communication. Research indicates that people who do not, or cannot, use the internet are "more likely to feel isolated from others."[19] Respondents to the phase 1 impact survey overwhelmingly agreed that internet access had helped them to cope with being at home more due to pandemic restrictions (89%).

Finances

There are several ways in which being digitally excluded can negatively impact upon a person's financial situation. For instance, without internet access, people lack the ability to shop around for cheaper products or services, adding to the so-called 'poverty premium' (additional costs incurred by people on low incomes due to their circumstances).

There are also obvious disadvantages with regards to employability for people without ready access to the internet when a majority of job advertisements and application processes are online. Even where people do have some limited online access, applications highlighted that some devices were not *appropriate* for employment related activities; being either incompatible with online learning platforms, not supporting certain applications, such as 'Teams', or the screen not being an adequate size to undertake employability-related tasks. Research by Citizens Advice Scotland similarly reports that, although people might have internet access through a smartphone, tasks such as filling out forms present challenges for users.

People who need to access information about, and apply for, benefits are also disadvantaged by not having adequate internet access. With a few exceptions, Universal Credit is administered entirely online and requires claimants to provide an email address, yet Citizens Advice Scotland found that people seeking advice on benefits were among the least frequent internet users.

No One Left Behind

- **Build upon our Connecting Scotland programme** to go beyond the 55,000 people we will support with equipment and data packages by the end of 2021 and work collaboratively with all sectors of our economy to achieve world leading levels of digital inclusion. Together, we will provide training opportunities, support and materials to ensure that people have the skills, confidence and information literacy required to make the most of being online.

  Inclusive, Ethical and User Focussed

  Collaborative

- **Ensure everyone can access services.** We will work to ensure that moving government and other services online reduces inequalities and does not exclude the least advantaged in society from the services they may need the most.

  Inclusive, Ethical and User Focussed

> "Together, we will provide training opportunities, support and materials to ensure that people have the skills, confidence and information literacy required to make the most of being online."

32 | Digital Scotland | A Changing Nation: How Scotland will Thrive in a Digital World

COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023

DEVELOPING A DIGITAL SKILLS STRATEGY FOR DUMFRIES AND GALLOWAY

ITEM - 7

Author: Lesley Broadwood, Allermuir Consulting / Digital Skills Lead, Dumfries & Galloway College	Responsible Senior Officer: Joanna Campbell, Principal and Chief Executive, Dumfries and Galloway College
Stephen Jack, Lifelong Learning Manager	Senior Officer: Richard Grieveson, Head of Community Services

1. Situation:

1.1 This report presents the final draft of the Digital Skills Strategy for the region for endorsement by the Community Planning Partnership Board.

2. Background

2.1 Within Dumfries and Galloway there are a wealth of organisations offering digital skills training and development to individuals, employees and businesses at a range of levels. This makes the digital skills landscape complex and sometimes difficult to navigate.

2.2 This backdrop, together with the pandemic, illustrated that we needed to get the right digital skills to the right people in the right ways.

2.3 This issue was identified by Dumfries & Galloway's Community Planning Partnership (CPP) Board in September 2021 and as a result CPP members agreed for a lead agency; Dumfries & Galloway College, to develop a coordinated approach which would bring partners together to tackle digital exclusion and maximise digital opportunities across the region.

2.4 As a result, Dumfries & Galloway College, CPP members and other sector partners scoped out the digital skills landscape in D&G; developed a shared understanding and definition of digital skills; participated in interviews and carried out research to ascertain:

- the levels of digital skills learning, training and development which is offered to employees and individuals across the region; and
- the nature of the digital skills gaps which exist across the region.

2.5 The Community Planning Partnership Board received an update at its meeting in June 2022 in relation to the development of the Digital Skills Strategy. At that point, with the findings of Third Sector D&G's (TSDG) Digital Exclusion Research due to be announced in September 2022, progress was paused to ensure that the key messages stemming from this research could be considered and incorporated into the new Strategy.

2.6 The Community Planning Executive Group considered the final draft of the Strategy at its meeting held on 26 January 2023 and comments made by Executive Group members have been reflected within the updated version of the Strategy.

2.7   The methodology supporting the development of the draft Strategy is attached at **Appendix 1** for information and interest.

3. Key Issues

Key messages stemming from the TSDG Digital Exclusion Research

3.1   The findings of TSDG Digital Exclusion research highlighted that the main barriers/issues for those who responded to the surveys supporting the research as being:

- **Access** (i.e. quality of access; speed and reliability of connectivity; quality of devices; move towards online access i.e. reduced face to face transactions);
- **Motivation** (i.e. this was identified as the main barrier where many people know how to use online services but don't want to engage in this way. Face to face services were still highlighted as the strong preference.);
- **Skills** (i.e. the issues with skills is not about training courses but more about a lack of confidence and asking for support when they get "stuck" with an issue and preferably being assisted on a one to one basis).

3.2   The College and Council are both involved in a Short Life Working Group (SLWG) led by TSDG to look at the tangible actions that need to be taken forward by Community Planning Partners following the launch of the digital exclusion research and it is vital that the work to finalise the new Digital Skills Strategy builds in flexibility to integrate relevant key actions stemming from the SLWG.

Digital Skills Strategy for Dumfries & Galloway

3.3   The draft Digital Skills Strategy for Dumfries and Galloway sets out priorities and commitments for developing the digital skills of citizens and workforces across the region.

3.4   It represents a step change in the approach to digital skills development and has been developed in collaboration with a broad range of partners from Dumfries and Galloway and across Scotland. It is a bold, ambitious, and comprehensive Strategy that not only recognises where we are now, in terms of the digital skills of our citizens and businesses, but it outlines how partners will work together to:

- reduce digital exclusion by ensuring the most vulnerable develop the digital skills they need to participate in our digital world;
- ensure our citizens possess the essential digital skills for life and work;
- develop the digital skills and confidence of our educators and learners;
- ensure that our businesses can become digitally enabled;
- support our businesses to use digital skills to access new markets, innovate and scale rapidly;
- provide opportunities for all of our citizens and businesses to upskill and reskill in digital, in order to build a skilled digital workforce for the region.

3.5   The findings from the Digital Exclusion research and particularly around the engagement with some of the hardest to reach individuals within our region will play a key part in shaping digital support for our citizens going forward.

3.6   In terms of the new Strategy, to define essential digital skills for life, reference is made to the Essential Digital Skills Framework's definition of digital skills; whilst digital skills across the wider economy are defined by Skills Development Scotland's Digital Economy Skills Action Plan (DESAP) as follows:

Essential Digital Skills for Life	Digital Adoption Skills	Digital Transition Skills	Integrated Digital Skills	Professional Digital Skills
Essential digital skill, i.e., communicating and handling information and content.	Skills possessed by proficient users of technology within every job role.	Skills needed for business digital adoption and digital working.	Skillsets which combine digital technology with other disciplines such as business or health.	Skills for those working in software development, data, cloud, cyber and digital marketing roles.

3.7 The current challenges and opportunities that have been identified as part of the Strategy are discussed further in the draft Strategy and are detailed as follows:

Challenges	Opportunities
- Broadband connectivity - Geography, size and population distribution - Funding - Digital skills provision - Digital poverty - Constrained budgets - Rising expectations - Motivation - UK providers of digital skills - Confidence - Businesses	- Borderlands Inclusive Growth Deal - Current provision - Labour market intelligence - Digital champions - Strong Third Sector presence

3.8 Following further engagement with the Digital Skills Strategy working group during February further amendments have been made to the aims and objectives section of the Strategy.

3.9 It is proposed that the Digital Skills Hub will oversee the implementation of the Strategy with regular progress updates being presented to the CPPB.

3.10 With digital skills emerging as a key priority area of the refreshed LOIP it would seem appropriate that the CPPB endorses the Strategy and recognises it as one of the key Strategies/Plans which contribute to the LOIP.

3.11   Once approved, work will start on a delivery plan to support the implementation Strategy and this will be brought back to the CPPB later in 2023.

4. Recommendation:

4.1   Note the progress in relation to developing a Digital Skills Strategy for the region and the comprehensive research and engagement undertaken;

4.2   Consider and endorse the final version of the Strategy;

4.3   Note the position around proposed Governance of the Strategy as outlined at 3.9;

4.4   Agree to receive the draft delivery plan later in 2023; and

4.5   Agree that future progress updates on the delivery plan will be incorporated into the overarching Strategies/Plans section that contribute to the Local Outcomes Improvement Plan on a quarterly basis.

20.2.23

Appendices (2)

Appendix 1 – Methodology supporting the Digital Skills Strategy
Appendix 2 – Draft Digital Skills Strategy

Lesley Broadwood – Allermuir Consulting / Dumfries & Galloway College
Stephen Jack – Lifelong Learning Manager

APPENDIX 1 - Methodology supporting the Digital Skills Strategy

Between November 2021 and December 2022 activity was undertaken to produce the strategy which focused on finding answers to the following five questions:

- What digital skills learning, training and development is available to employees across the region and who provides this?
- What digital skills learning, training and development is available for individuals to access across the region and who provides this?
- What are the digital skills gaps faced by employees within private, public and third sector organisations?
- What are the digital skills gaps faced by individuals across the region?
- What actions can we take to plug gaps in provision and to address the skills gaps which exist?

Each of the questions required different information, a different type of data analysis, and a different approach to formulating conclusions. As a result, activity was organised into four work packages, each of which used a different type of methodology.

Overall, the methodology used to produce the strategy consisted of four main elements, which included:

- **Desk research** to:
  - identify what digital skills gaps existed within businesses.
  - identify what digital skills learning, training and provision was available to employees across the region.
  - identify what digital skills provision was available to young people in the region's schools.
- **Structured online interviews** with:
  - public sector organisations to ascertain what digital skills provision and digital skills gaps existed within their organisations.
  - third sector providers to identify what digital skills provision was offered to individuals and what digital skills gaps existed within their organisations.
- **Semi-structured online interviews** with:
  - public and third sector organisations from across Scotland to source specific information relating to digital skills provision and digital skills gaps across Dumfries and Galloway.
- **Targeted discussions** with the Digital Skills in Dumfries & Galloway Group[1] took place to sense check the development of the strategy and to provide feedback on the first draft of the document.

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[1] This group was formed to support the work that was being carried out to develop the digital skills strategy for Dumfries & Galloway. The group consisted of the following members: Department for Work and Pensions, Dumfries & Galloway College, Dumfries & Galloway Council, Skills Development Scotland, South of Scotland Enterprise and Third Sector Dumfries & Galloway.

APPENDIX 2

Dumfries & Galloway

Digital Skills Strategy 2023-2027

DRAFT

Dumfries & Galloway
Digital Skills Strategy 2023-2027

Contents

1.   Introduction

We live in a digital world which is changing the way we live and work.

Digital transformation is a global phenomenon, happening at pace across our economy and is a core driver of productivity and inclusive economic growth.

This strategy operates within this context and sets out our priorities and commitments for developing the digital skills of our citizens and workforces across Dumfries and Galloway. It provides us with a unique opportunity to change our approach to the development and provision of digital skills across the region and it has been produced in collaboration with a broad range of partners from across the public, private and third sectors.

It is a bold, ambitious, and comprehensive plan that not only recognises where we are now in terms of the digital skills of our citizens and businesses, but it outlines how partners will work together to:

- reduce digital exclusion by ensuring the most vulnerable develop the digital skills they need to participate in our digital world;
- ensure our citizens possess the essential digital skills for life and work;
- develop the digital skills and confidence of our educators and learners;
- ensure that our businesses can become digitally enabled;
- support our businesses to use digital skills to access new markets, innovate and scale rapidly;
- and provide opportunities for all of our citizens and businesses to upskill and reskill in digital, in order to build a skilled digital workforce for the region.

For the purpose of this strategy, Community Planning Partnership (CPP) members and other sector partners have agreed to adopt two definitions of digital skills.

To define essential digital skills for life we refer to the Essential Digital Skills Framework's definition of digital skills. Whilst digital skills across the wider economy are defined by Skills Development Scotland's **Digital Economy Skills Action Plan** (DESAP).

Within the digital economy there are five broad categories of digital skills, as follows:

Essential Digital Skills for Life[1]	Digital Adoption Skills	Digital Transition Skills	Integrated Digital Skills	Professional Digital Skills
Essential digital skills[2], i.e., communicating and handling information and content.	Skills possessed by proficient users of technology within every job role.	Skills needed for business digital adoption and digital working.	Skillsets which combine digital technology with other disciplines such as business or health.	Skills for those working in software development, data, cloud, cyber and digital marketing roles.

Within this strategy we will use the Essential Digital Skills Framework and the DESAP definitions when referring to digital skills.

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[1] Essential Digital Skills for Life are detailed within the Essential Digital Skills Framework at https://www.gov.uk/government/publications/essential-digital-skills-framework/essential-digital-skills-framework
[2] Also includes Foundation Digital Skills, as detailed within the Essential Digital Skills Framework.

2.   Background and context

2.1.   About our region

Dumfries and Galloway is the third largest region in Scotland and is one of the most rural, with nearly half of all people, 45.8%, living in areas classified as rural.

Despite our strategic location spanning the English border and the Irish Sea coastline we have an ageing population, a low wage economy and a relatively lower skilled workforce. The region has a reliance on certain sectors for the majority of employment, which include human health activities, education, retail, land-based industries and social work. Over the longer term, from 2025-2032, employment within the region is set to decrease[3].

Our rurality accounts for a lack of full fibre broadband and mobile coverage, which leaves the region exposed to a digital skills divide. Only 88.4%[4] of premises have access to Superfast Broadband, which compares unfavourably with the Scottish average of 94.8%.

Across our region a number of people and households are affected by deprivation. The pattern of poverty within our region is complex, and not as identifiable as it is in urban areas. Interventions to tackle poverty and help people in our rural region are therefore likely to require relatively more resources.

2.2.   Our ambition

We understand the pace of change brought about by digital technology and the disruption it creates. The digital skills of our citizens and workforces are a critical factor to our economic success and resilience and our quality of life. The Scottish Government's strategy 'Realising Scotland's full potential in a digital world,' sets out a vision for Scotland to be recognised throughout the world as a vibrant, inclusive, open and outward-looking digital nation. We want Dumfries & Galloway to play our part in delivering this goal.

Our vision for Dumfries & Galloway is to be:
A region where all our citizens have the opportunity to benefit from digital skills, which can be used to improve quality of life, drive innovation, improve our region and equip our citizens with the knowledge and skills they need to succeed in the digital world.'

2.3.   The digital skills landscape – where we are now

Within Dumfries and Galloway there are a wealth of organisations offering digital skills training and development to individuals, employees and businesses at a range of levels. This makes the digital skills landscape complex and sometimes difficult to navigate.

This backdrop, together with the pandemic, have shown that we need to get the right digital skills to the right people in the right ways.

This issue was identified by Dumfries & Galloway's Community Planning Partnership (CPP) Board in September 2021 and as a result CPP members agreed for a lead agency; Dumfries & Galloway College, to develop a coordinated approach which would bring partners together to tackle digital exclusion and maximise digital opportunities across the region.

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[3] Regional Skills Assessment, Dumfries and Galloway, November 2022
[4] Figures from ThinkBroadband at 12/01/22.

As a result, Dumfries & Galloway College, CPP members and other sector partners have: scoped out the digital skills landscape in D&G; developed a shared understanding and definition of digital skills; participated in research interviews and carried out desk research to ascertain the levels of digital skills training and development which is offered to employees and individuals across the region.

In addition to this, **Third Sector Dumfries and Galloway (TSD&G)** has produced the 'Digital Exclusion in Dumfries and Galloway' report; a groundbreaking piece of research on digital exclusion. The findings within this important piece of work, which has involved engaging with those who are most likely to be digitally excluded, will play a key part in shaping digital skills support for our citizens going forward.

2.3.1. Digital skills provision across the region

This work has revealed that there are significant differences in the levels of digital skills learning and development which are available to **employees** across the region. Organisations operating within the education and healthcare sectors, for example, state that they will always need to develop the digital skills of their workforces, so that they can respond in dynamic ways to digital innovations.

However, other organisations across the region believe that their staff have the digital skills to perform their roles. In these businesses digital skills training and development can be offered less frequently and on request, or offered on the basis of the employees' role and rank.

The **provision which is available to our citizens** can appear fragmented due to the temporary nature of some of the provision, which is made available due to external funding. Public sector provision for individuals can also be liable to change, due to funding constraints, the pandemic or because the provider is a UK wide organisation. In the case of the latter, provision can change quite quickly to align with the UK Government's priorities.

Digital skills provision for our **young people** in schools has been affected by the pandemic, connectivity issues, a dearth of Computing Science teachers and other competing priorities. As a consequence, the number of students studying computing and digital courses at National Progression Award levels 4 to 6, at National 5, Higher and Advanced Higher are lower than the national average. However, a significant amount of work is being undertaken to assist schools to adopt and embed digital activities and a digital mindset across the curriculum, so that digital learning and teaching can be delivered more consistently across the region's schools.

Across Dumfries and Galloway public sector, private and third sector partners work in partnership to offer digital training, upskilling and support to those who are **unemployed, economically inactive or in need**. Assistance can take a wide range of forms and is, for the most part, delivered locally; examples of some of the provision available are below:

- helping individuals to claim benefits;
- searching and applying jobs online;
- learning new skills, such as digital art;
- learning how to use a new device
- learning how to shop online and
- formal employability support programmes, which contain digital skills content, such as the Job Entry Targeted Support programme.

However, resources to support this provision are constrained due to public sector cuts and by the temporary nature of some of the provision, which is maintained through external funding.

2.3.2. Digital skills gaps across the region

The 'Digital Economy Business Survey 2021, A report for South of Scotland Enterprise,'[5] received 363 responses from businesses in Dumfries & Galloway and reported that 26% of **enterprises in the private sector** experience skills gaps in 'basic digital technology skills.'[6] This clearly indicates that a large minority of businesses across our region have low levels of digital skills. Furthermore over 10% of businesses experienced skills gaps in software skills and 33% stated that they 'don't know' what digital skills shortages they have.[7]

Within the **public sector** 75%[8] of organisations stated that their employees possess the basic digital skills to perform their roles. However, organisations report that employees can lack confidence in using digital technology which leads to a reluctance to use it. The greatest single barrier to digital upskilling, reported by 38% of public sector organisations which were surveyed was the 'lack of time' available. As a direct result of this employees, within those organisations, struggle to find the time to develop their digital skills and use their IT systems effectively.

Other skills gaps reported by public sector organisations included digital leadership and management (38%), data analysis (38%) and software skills gaps (38%).

Currently there is no primary research relating to the digital skills gaps experienced by employees within **third sector organisations** across Dumfries & Galloway. However, at a national, Scotland wide level there is the Scottish Council for Voluntary Organisations' Digital Checkup, which is the longest running survey of third sector digital capacity in the UK. According to survey data from 125 third sector organisations in 2021-2022:
- 37%[9] of organisations across Scotland believe their staff possess the basic digital skills to perform their roles,
- 39%[10] stated that they have a good understanding of the skills of their staff but had no training offer to develop them further and
- 20%[11] do not know what digital skills or gaps exist within their workforces.

Bearing this data in mind it seems that a significant minority of third sector organisations are likely to have developmental needs in the area of digital skills.

In terms of digital skills gaps experienced by **digitally excluded individuals,** findings from TSD&G's research into digital exclusion reveal that individuals do not regard digital skills to be an issue for them. Only 1% of respondents to TSD&G's survey requested additional digital skills. In addition, access to the internet is no longer the most important issue for this group, as only 6.3% have no internet access. The most significant issue relating to digital exclusion now is **motivation**. 41% of those surveyed preferred not to use online transactions and 18.4% stated that they knew how to use online services but had no desire to do so. The research indicates that many digitally excluded individuals still have strong preferences for face-to-face transactions (20%) and many others (circa 15%) prefer to use

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[5] https://www.southofscotlandenterprise.com/media/1299/sose-debs-2021.pdf

[6] By this we mean, skills to send emails, navigate the internet, use Microsoft Office and Excel.

[7] Further details of the digital skills gaps experienced by private sector businesses in Dumfries and Galloway can be viewed at Appendix 3.

[8] It is important to note that the sample size is small. There are only seven public sector organisations based in the region. For the purpose of the strategy, we have split D&G Council into two entities; the main Council encompassing all functions and the Education and Learning Directorate. In this way we can focus on the skills needs of teaching staff alongside the skills needs of other Council employees.

[9] Data from SCVO's Digital Checkup over the period May 2021- May 2022. SCVO's Digital Checkup has been running since June 2018. In that time 721 checkups have been completed, and 220 support calls have been made.

[10] Data drawn from SCVO's Digital Checkup.

[11] Data drawn from SCVO's Digital Checkup.

family and friends, the postal service or the telephone instead of online transactions. These preferences for offline activity and reliance on others are strongly held beliefs and will be difficult to change. There is also a substantial literacy barrier faced by this group which affects more than just digital inclusivity.

2.4. The digital skills landscape – where we want to go

This strategy provides CPP members and other sector partners with the opportunity to pool our collective expertise and resources so that we can provide the right digital skills learning, training and development to our citizens and businesses without duplication.

Within this strategy we commit to a four-year programme of collaborative working. In this way we will be able to ensure that our region's businesses, workforce and citizens are able to develop the digital skills they need in order to thrive and flourish within our interconnected world.

2.5. Our current challenges

CHALLENGES
Broadband connectivity In our large, rural region with its dispersed population we need to be able to deliver digital upskilling online, so that we can reach our citizens wherever they live. Broadband connectivity will impact upon our ability to deliver the actions within this strategy.
Geography, size and population distribution Due to our region's size, rurality, transport infrastructure and population density we need to find ways to deliver digital upskilling online, so that we can reach and meet the needs of our communities and citizens.
Funding Year on year funding for many of the third sector providers of digital skills causes issues in the delivery of digital skills programmes. We need to find a longer-term strategy to deal with the funding of digital skills provision to communities across the region. Funding is also an issue for schools, to ensure that they can maintain devices which have been issued to young people across the region.
Digital skills provision The delivery of digital skills provision across the region is fragmented and difficult to navigate due the range of providers offering different levels of provision. In a climate of constrained public finances it is important to avoid any duplication of services and to ensure that the right digital skills provision is delivered to the right individuals, using cost effective delivery methods.
Digital poverty According to the findings of TSD&G's digital exclusion research digital poverty takes the form of restricting individuals' access to digital devices. The research indicates that income affects the type of device owned and its functionality. It also impacts on the availability of devices, as they are more likely to be shared with family members.
Constrained budgets Due to constrained budgets, there are fewer resources available for digital skills provision from public sector partners, so more cost-effective methods of digital skills delivery need to be developed.
Rising expectations

Our citizens' expectations have risen and as such they demand more efficient and effective services. Within a climate of constrained budgets we need to be able to offer enhanced levels of service at reduced costs.

Motivation

According to TSD&G's digital exclusion research motivation is now the main barrier for those who are digitally excluded. The research indicates that there are many individuals with skills who prefer not to use them, and nearly as many people who do not want to learn how to conduct transactions and services online. Changing these views will be difficult due to the fact that they are strongly held and valued.

UK wide providers of digital skills

Some significant providers of digital skills provision within the region are UK wide organisations. This means that their provision follows UK Government priorities, which may not always align with the needs of citizens and workforces within Dumfries & Galloway. We need to be able to mitigate any such changes to provision as and when they arise.

Confidence

A lack of confidence prevails amongst some of our citizens and employees which means they are reluctant to learn new digital skills. The Digital Exclusion in Dumfries & Galloway report[12] provides evidence of this 'lack of confidence' when it states that such individuals 'want someone to help them become more confident to use technology, devices and applications,' as opposed to embarking on training courses. As such we need to find new ways to encourage them to develop their digital skills.

Businesses

Many of our businesses operate from a low digital skills base. The Digital Economy Business Survey states that 27% of businesses surveyed in Dumfries & Galloway reported skills gaps in 'basic digital technology skills' and 33% of companies stated that they didn't know what digital skills shortages they had. In addition, 98.8%[13] of businesses across the region are classified as micro or small enterprises. Employees within such businesses have wide ranging responsibilities and little time for digital upskilling. We need to find creative ways to stimulate the demand for digital skills development so that our businesses can embrace its potential.

2.6.   Our opportunities

Our region's many strengths mean that we are well placed to deliver this ambitious digital skills strategy for Dumfries & Galloway. Our opportunities include:

OPPORTUNITIES
Borderlands Inclusive Growth Deal There is investment in the region through the Borderlands Inclusive Growth Deal, which could be drawn upon to support part of this agenda.
Current provision The region possesses a wealth of pre-existing provision, with a range of partners delivering digital skills programmes across the region. There is also a collective will on the part of CPP members and other sector partners to work together to tackle the region's digital skills needs. This will enable us to share our collective expertise to develop new provision and enhance existing provision, so that it meets the needs of our citizens.
Labour market intelligence

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12 Digital Exclusion in Dumfries & Galloway – a report by Third Sector Dumfries & Galloway, September 2022.
13 Source, Office of National Statistics 2019.

We possess intelligence from the DEB survey which helps us to understand the digital skills gaps experienced by private sector businesses in D&G. In addition, Dumfries & Galloway College, supported by CPP members and other sector partners, has led a piece of research on the digital skills provision for individuals and employees across the region. The data gathered during this process will also help partners across the region target their provision more effectively.

Digital Champions

A number of organisations across our region have developed their own Digital Champion Networks to help them upskill their workforces, for example D&G Council and the Health and Social Care Partnership. Such organisations could share best practice approaches to help others upskill their own workforces.

Case Study[14]

Through the Connecting Scotland programme Stewartry and Wigtownshire Health and Wellbeing Teams (SWHWT), in partnership with the mPower project applied for devices, connectivity and support for digitally excluded individuals within their community.

To support the individuals, members of the SWHWT took part in Digital Champion training and provided ongoing Digital Champion support for a period of 6 months after the devices had been delivered to the participants.

The programme proved invaluable to the individuals and the digital skills support provided by the Digital Champions played a major part in enabling individuals to feel confident, motivated and safe whilst using their devices; in fact the support package was considered to be the key to the success of the programme."

"The support I got helped me see [that] the iPad is actually really simple to use and helped me build my confidence and not be fearful of something I had not used before."

Participant on the programme

Strong third sector presence

There is a strong third sector membership body within the region; TSD&G, which has produced an important piece of research on the nature and extent of digital exclusion in the region. This intelligence is proving invaluable to Community Planning Partnership (CPP) members and other sector partners, as it can be used to inform policy, design online services and lead to a more inclusive relationship with service users. TSD&G also operates the DG Locator tool, which enables individuals from across the region to see what digital skills provision is offered by charities, voluntary organisations and social enterprises operating across D&G. There is the potential for this resource to be used more widely to support the delivery of digital skills across the region.

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[14]Source: Connecting Scotland Programme – Stewartry and Wigtownshire Health and Wellbeing Teams / mPower Project, April 2022.

3.   A Digital Skills Strategy for Dumfries & Galloway

This strategy is divided into four, linked areas as follows:

- **Vision** — A Digital Skills Vision for Dumfries and Galloway
- **Themes** — Five Digital Skills Themes – our areas of focus
- **Aims and Objectives** — Strategic aims and objectives - where do we want to go?
- **Delivery Plan** — Digital Skills Strategy Delivery Plan
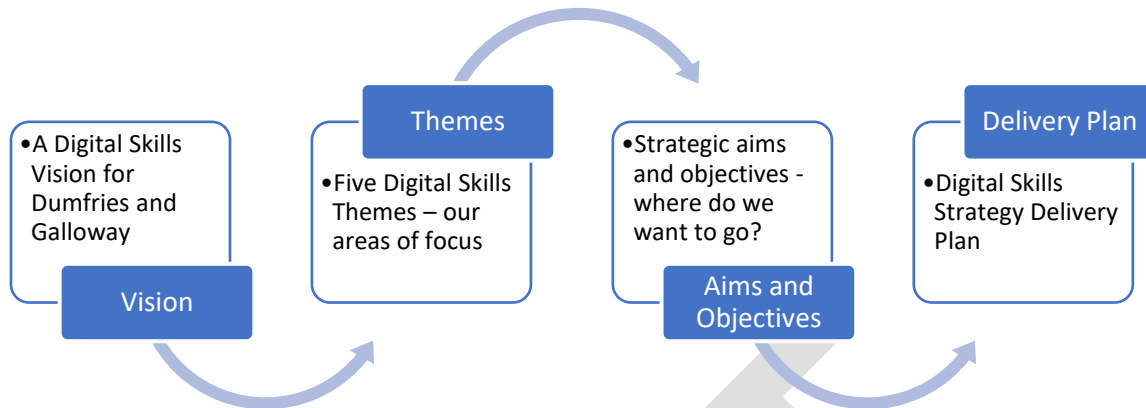
3.1.   Vision

At the heart of the strategy is our vision for Dumfries & Galloway to be:
A region where all our citizens have the opportunity to benefit from digital skills, which can be used to improve quality of life, drive innovation, improve our region and equip our citizens with the knowledge and skills they need to succeed in the digital world.

3.2.   National and regional policy drivers

The key national and regional influences that we need to be cognisant of in the delivery of this strategy are illustrated below.

NATIONAL AND REGIONAL POLICY DRIVERS

- Digital Exclusion in Dumfries & Galloway
- South of Scotland Regional Economic Strategy
- South of Scotland Enterprise: Digital Strategy
- Borderlands Inclusive Growth Deal
- National Digital Strategy
- Scottish Technology Ecosystem Review
- Scotland's AI Strategy
- National Strategy for Economic Transformation
- Cyber Resilient Scotland: strategic framework
- 5G Strategy
- Digital Learning and Teaching Strategy for Scotland
- Digital for D&G 2021-26

3.3.   Digital skills themes

This strategy identifies the current level of digital skills provision which is available to our citizens and workforces and outlines what CPP members and other sector partners plan to do to address the digital skills gaps which exist across the region.

The work within this strategy will focus on five digital skills themes:

- **Essential Digital Skills for Life** *(includes the skills of communicating and handling information and content online)*
- **Digital Adoption Skills**   *(skills possessed by proficient users of technology within every job role).*
- **Digital Transition Skills**   *(the skills needed for businesses to adopt digital practices)*
- **Integrated Digital Skills**   *(embedding digital technology skills within other job roles such as HR or marketing)*
- **Professional Digital Skills**   *(are the skills possessed by digital tech professionals, such as software developers)*

3.4.   Digital skills strategy principles

DIGITAL SKILLS STRATEGY PRINCIPLES						
Inclusive	Accessible	User focused	Collaborative	Efficient	Secure	Straightforward

Each of the five themes will be guided by the Digital Skills Strategy Principles outlined above. These principles will guide our decision-making processes and influence the way that we deliver in order to achieve our vision.

In our delivery we will be:

Inclusive:
Digital skills provision must be made available to all citizens irrespective of local levels of connectivity, socio-economic background, age, health, disability, race, gender or any other protected characteristic.

Accessible:
Our citizens and workforces must be able to access the digital skills provisions available across the region quickly and easily.

User focused:
Provision will understand the needs of citizens and businesses will help them develop the skills, knowledge and confidence to use digital solutions, develop new ways of working and where appropriate embrace new technologies.

Collaborative:
As providers of digital skills learning, training and development we will develop new ways of working together and will share best practice and ideas in order to shape services and bring about positive outcomes for our citizens.

Secure:
Digital skills provision to our citizens and workforces must be delivered in a safe and secure environment which allows learning and upskilling to take place without incident.

Straightforward:
Digital skills provision must be more effectively streamlined, so that individuals and businesses understand how to access the provision they need and the time they need it.

4. Strategic aims and objectives

Our **Digital Skills Strategy for Dumfries and Galloway** places our citizens and businesses at its heart. Our five, clear themes provide us with our areas of focus and will enable us to achieve our vision.

4.1 Aim 1: We want our citizens to have the opportunity to gain essential digital skills for life so they can participate and thrive in our digital world.

Essential digital skills for life are the digital skills we all need in our day-to-day lives. They enable us to:

- communicate and share information online;
- find, manage and store digital information securely;
- register and apply for services, buy and sell goods and services, and manage transactions online;
- find solutions to problems using digital tools and
- operate safely and legally online.

Objectives	
	• Improve the digital awareness, confidence, skills and capabilities of our citizens by enhancing the provision of digital learning and the use of digital technologies.
	• Address barriers in relation to literacy needs and quality of access to enable citizens to develop their digital skills; and work with those with low levels of motivation to explore opportunities to engage digitally.
	• Develop a co-ordinated strategic approach to digital with CPP members and other sector partners, aligning with key local and national plans to improve digital skills and close the digital gap.

4.2 Aim 2: We want our employees[15] to develop digital adoption skills so they can do their jobs now and in the future.

Businesses in Dumfries & Galloway have differing levels of digital maturity. Many have already invested heavily in developing the digital skills of their workforces. However, many have yet to start their digital journey. As a result, different businesses may interpret **digital adoption skills** in different ways. For the purpose of this strategy, we consider digital adoption skills as those required to send emails, use Microsoft Office and organisation specific software.

Objectives	
	• Improve the digital confidence, skills and capabilities of our workforces.
	• Nurture, support and develop our employees so they embrace and adopt digital practices and ways of working.
	• Ensure our businesses understand the value of digital skills and how these can enable and empower industries.
	• Develop a co-ordinated strategic approach to digital with CPP members and other sector partners to ensure employees can access, utilise and engage with new digital technologies and services and use a range of devices, applications and specific software to carry out their roles.

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[15] By 'employees' we mean those who work for public, private and third sector organisations across D&G.

4.3   Aim 3: We want our public, private and third sector organisations to continually embrace digital technologies to stimulate innovation, productivity and growth.

Objectives	- Provide businesses with digital skills support which recognises their level of digital maturity. - Develop the digital capability of businesses by enhancing opportunities for them to share insight, experience and advice. - Ensure businesses understand the value of digital technologies and how these can enable and empower businesses. - Support leadership and management skills within businesses so organisations can continually embrace the opportunities which digital gives rise to. - Develop a co-ordinated strategic approach to digital with CPP members and other sector partners to ensure businesses access, engage with and utilise new digital technologies and services.

4.4   Aim 4: We want to prepare our citizens for the jobs of the future by creating opportunities for them to learn integrated and professional digital skills.

Objectives	- Inspire and encourage our citizens to develop integrated and professional digital skills by raising awareness of digital technologies and the value of digital skills. - Ensure we provide opportunities for our citizens to upskill and reskill into digital roles throughout their working lives. - Ensure that our learning provision is inclusive, flexible and accessible to all. - Develop a co-ordinated strategic approach with relevant CPP members and other sector partners to ensure that our citizens can access learning interventions which enable them to develop integrated and professional digital skills.

5. Resourcing the plan

Partners will identify how to resource this strategy as part of the delivery plan. This will outline the funding streams required, how these can be secured and the timescales involved.

Parts of this strategy will be resourced by staff time contributed by partner organisations.

6. Governance and reporting

The digital skills strategy will be implemented and managed by the Digital Skills Hub which is composed of appropriate CPP members and is chaired by D&G College.

The Digital Skills Hub will provide reports to the CPP on a quarterly basis. This will include the provision of a more detailed annual report on progress. The Hub will also be responsible for executive decision making.

The Digital Skills Hub will liaise closely with the South of Scotland Education and Skills Strategic Coordination Group to ensure that relevant intelligence is communicated to all parties.

7. Final remarks

We appreciate that a strategy alone cannot drive the level of transformation for the region that is described herein. The strategy will now form the basis for an active region-wide programme that will be **monitored on a quarterly basis** by the Digital Skills Strategy Board.

Our partners from across the region will play an active role in the delivery of the strategy that we have set out.

A delivery plan will follow the approval of this strategy and will outline each of the actions we will undertake.

The implementation of the strategy will be continuously monitored in terms of both the delivery of the actions, and the realisation of the expected outcome that we have set out.

Appendix 1:

Members of the Digital Skills in Dumfries & Galloway Group

This group was formed to support the work that was being carried out to develop the digital skills strategy.

Department for Work and Pensions	Jean Gibson
Dumfries & Galloway College	Phil Storrier
Dumfries & Galloway Council	Lynne Burgess Emma Carruthers Stephen Jack
Skills Development Scotland	Claire Gillespie Greig Robson
South of Scotland Enterprise	Ben Campbell
Third Sector Dumfries & Galloway	Emma Bowden Natalie Anderson

Appendix 2:

Stakeholder consultees

The following sector partners contributed to the development of this strategy by participating in:

- an online interview, as part of the research phase or
- by providing skills-related data.

Better Lives Partnership	Carolyn Kennedy Anne McEwan
Business Gateway	David Gardiner John King
Department for Work and Pensions	Jean Gibson
Digital Xtra Fund	Kraig Brown
DressCode	Toni Scullion
Dumfries & Galloway College	Gillian Rose Mandy Wallace
Dumfries & Galloway Council	Alison Chambers Laura Fugaccia Anne Harkness Stephen Jack Kirsty MacPherson David Maxwell Kenneth Pullen Janet Regan
Glenkens Community & Arts Trust	Helen Keron
Kirkconnel and Kelloholm Development Trust	Rose Murdoch
Langholm Initiative	Mark Hodgson
Loreburn Housing Association	Elkie Astley
NHS Dumfries & Galloway	Graham Gault Nathalie Guillaume Philip Myers
Scottish Council for Voluntary Organisations	John Fitzgerald
Police Scotland	Stephen Bell
Scottish Government	Cal Reilly Nicholas Young
Scottish Fire and Rescue	Christopher Rae
Skills Development Scotland	Ketty Lawrence Debbie McCutcheon
South of Scotland Enterprise	Ben Campbell Keith Douglas-Hogg Zoe Meldrum Michael Gardiner
The Hub D&G	Karen Lewis
The IT Centre Castle Douglas	Jackie Williams
Third Sector Dumfries & Galloway	Alan Hall
Xcel Project	Duncan Elliott

Appendix 3:

Digital skills gaps identified by businesses across Dumfries and Galloway[16]

The following question was asked of businesses responding to the survey for the Digital Economy Business Survey in 2021. 363 businesses in Dumfries and Galloway responded to this question.

Question G2: What specific skills do you need to improve or acquire?

Technical Skills	D&G %
Basic digital technology skills, such as emails, internet navigation, Microsoft Office and Excel	27
Software Skills such as .NET, XML and Microsoft SharePoint	11
Cyber security skills	8
Web Development Skills	3
Coding Skills such as HTML/Java or other coding languages (ask which language)	3
Information security skills	3
Data analysis	2
Mobile Development skills	1
Web content creation	1
Artificial intelligence	0

Business and Commercial skills	D&G %
Business and commercial skills	3
Digital Product/Service Marketing skills	2
Commercial use of data	2
Digital leadership and management skills	1
Use of communication/ conference tools	1
None of the above	23
Don't know	33

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[16] Data extracted from the Digital Economy Business Survey 2021, A report for South of Scotland Enterprise. Data supplied by South of Scotland Enterprise.

17

Appendix 4:

DigitalBoost applications from private sector businesses in Dumfries and Galloway.

Between January 2021 and March 2022, 98 successful applications were made by private sector businesses[17] in Dumfries and Galloway to the Scottish Government's DigitalBoost Development Grant.

The table below provides data relating to the **type of support** the 98 private sector businesses were looking for when they made their grant applications.

Category of support requested[18]	Number of requests for support
Mobile devices	38
Website	29
EPOS	20
Website update	18
Desktop	18
Software	17
AV equipment	17
Laptop	16
Servers/PCs	15
Other website	13
Other connectivity	11
Other software	10
Process improvement	9
Technical consultancy and support	9
Bespoke software development	8
Connectivity	8
E Commerce	7
Improve product/process/service	6
iPad	6
Online training	6
Routers and switches	6
Digitalisation of system	5
Financial software	5

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[17] Third sector businesses also made applications to the DigitalBoost Development Grant, however the sample size is too small to be represented.
[18] Each of the applicants could request more than one category of support.

The table below provides data relating to the **outcomes** which the 98 private sector businesses were aiming to achieve through their grant applications.

Outcomes identified by businesses within their grant application[19]	Number of times this outcome was stated within grant application forms
Increase revenues	87
Increase quality of service / product	86
Increase profit margin	82
Increase market share	78
Increase brand awareness and engagement	74
Safeguard employment	72
Increase online sales	68
Increase employment	66
Diversify business / services	62
Reduce operating costs	61
Other	20

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[19] Each of the applicants could select more than one outcome within their grant application.

Appendix 5:

Key findings from the Digital Exclusion in Dumfries and Galloway report.

The Digital Exclusion in Dumfries and Galloway report is based on 898 responses to a survey of service users of Third Sector Organisations and/or Public Sector Organisations. The report was published in September 2022 and its key findings are below.

Access
Access to the internet is no longer the main issue.
Only 5.5% of respondents have no mobile phone and 6.3% have no access to the internet.
2% (n=19) of respondents had no access or devices.
The issue of access is now concerned with:
• cost, connectivity and speed;
• frequency of access;
• the type and age of device used to access the internet;
• income affecting the type of device and functionality used and
• the availability of a device within the household due to sharing.

Motivation
Motivation to use the internet is now the main barrier faced by this group.
41% of people across all groups prefer not to use online transactions and highly value other approaches:
• 20.4% of all transactions are conducted face-to-face;
• 8.4% engage family / friends to do things;
• 6% use landline or post;
• 6.4% have no access to the internet;
• 18.4% of respondents across all age groups have the know-how but no desire to use the internet for transactions and
• 26% of the over 80's claim to know how to use the internet but prefer not to.

Skills
Skills are not perceived by the respondents to be an issue.
Only 1.2% (n=10) requested help (not training) to use online services and transactions.
There was low use of the internet across the broader survey group for more sophisticated purposes, such as website management, vlogs, blogs, political engagement, IT and security issues.
There is a substantial literacy barrier which affects more than just digital inclusivity.

Category specific headlines – age
80+ age range - 26% do not want access or do not see a benefit, a further 28% have it but don't use it.
Preference is both high and strong for offline transactions (44%).
Frequency of mobile and internet use declines with age.

Category specific headlines – household income
The poorer the household, the more digitally restricted.
More children in a household mean fewer devices per person per household (i.e., devices are shared).
The lowest income group is 40% less likely than the highest income group to have another device other than a mobile phone in the household.
15% less internet access between lowest and highest income groups.
Lower income households are much less likely to have an email address, even those that have an email tend to use it less frequently.

Category specific headlines – disability
Internet access and usage are much higher than previously thought but technological accessibility (poor design) is still a significant barrier.
94% have internet access, similar to the general population.
There are numerous examples of accessibility issues.

Category specific headlines – literacy
8% have a literacy barrier (1 in 12) and this also affects offline consumption of services.
Literacy appears to be a much bigger issue than digital exclusion.
In total approximately 102 people said they have a literacy or language difficulty.
Scottish government data suggests 26.7% of the population are constrained by literacy issues equating to 30,000 in the region.

Category specific headlines – accommodation type (social housing)
Lack of willingness to learn and use the internet is much higher than in the general population.
33% of those in social housing will not use or have any intention of learning to use the internet.
Frequency of internet use is lower: daily (-19%) and weekly (-4%).

Appendix 6:

Methodology and questions

Between November 2021 and December 2022 activity was undertaken to produce the Digital Skills Strategy for Dumfries and Galloway, which focused on finding answers to the following five questions:

- What digital skills learning, training and development is available to employees across the region and who provides this?
- What digital skills learning, training and development is available for individuals to access across the region and who provides this?
- What are the digital skills gaps faced by employees within private, public and third sector organisations?
- What are the digital skills gaps faced by individuals across the region?
- What actions can we take to plug gaps in provision and to address the skills gaps which exist?

Each of the questions required different information, a different type of data analysis, and a different approach to formulating conclusions. As a result, activity was organised into four work packages, each of which used a different type of methodology.

Overall, the methodology used to produce the strategy consisted of four main elements, which included:

- **Desk research** to:
  - o identify what digital skills gaps existed within businesses.
  - o identify what digital skills learning, training and provision was available to employees across the region.
  - o identify what digital skills provision was available to young people in the region's schools.
- **Structured online interviews** with:
  - o public sector organisations to ascertain what digital skills provision and digital skills gaps existed within their organisations.
  - o third sector providers to identify what digital skills provision was offered to individuals and what digital skills gaps existed within their organisations.
- **Semi-structured online interviews** with:
  - o public and third sector organisations from across Scotland to source specific information relating to digital skills provision and digital skills gaps across Dumfries and Galloway.
- **Targeted discussions** with the Digital Skills in Dumfries & Galloway Group[20] to sense check the development of the strategy and to provide feedback on the first draft of the document.

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[20] This group was formed to support the work that was being carried out to develop the digital skills strategy. The remit of the group was to support the development of the strategy. The group consisted of the following members: Department for Work and Pensions, Dumfries & Galloway College, Dumfries & Galloway Council, Skills Development Scotland, South of Scotland Enterprise and Third Sector Dumfries & Galloway.

Appendix 7:

Glossary of terms

23

[To be inserted]

COMMUNITY PLANNING PARTNERSHIP BOARD – 17th MARCH 2023
CONTRIBUTION OF COMMUNITY PLANNING PARTNERS
TO THE COST OF LIVING

Report Authors:	Responsible Senior Officer:
Mark Molloy – Service Manager	**Richard Grieveson, Head of Community**
Wendy Jesson – Poverty & Inequalities	**Services**
Development Officer	
Stephen Jack – Lifelong Learning	
Manager	

1. Situation:

1.1 To provide an update for Board Members on our Community Planning Partners including our Dumfries and Galloway Poverty and Inequalities Partnership contributions and activities to address the on-going Cost of Living Crisis.

2. Background:

2.1 At the Executive Group Meeting held on 13 October 2022, it was agreed that an update on Cost of Living and partner contributions should be presented on a regular basis to future Community Planning Partnership Board meetings.

3. Key issues:

3.1 Helping to mitigate the negative impacts of the Cost of Living is a critical priority for all Community Planning Partners and interconnected with our ongoing partnership work to tackle all forms of Poverty & Inequalities within Dumfries and Galloway.

3.2 The price of food, home energy (gas and electricity) and fuel (including diesel and petrol) continues to fluctuate with residents who are already struggling continuing to be impacted the most. For example, residents with Top Up Meters installed continue to pay the highest level of premiums for both gas and electric compared to residents who can pay monthly by direct debit.

3.3 Even though the wholesale price of home energy costs is predicted to fall within the next few months, this will not result in reduced energy costs for all of us due to the forthcoming cut in support for household energy costs. The energy regulator for Great Britain Ofgem stated on 27th February 2023 that its cap on the amount suppliers can charge for energy for average dual fuel, direct debit customers would fall by 23% for the three months from 1 April to £3,280, from £4,279 for the January to March quarter. Consumers will not actually pay this figure as the government's energy price guarantee and its £400 Discount Scheme subsidise household bills, keeping the price for a typical household at £2,100 a year. However, from April the price guarantee will become less generous and the discount will be withdrawn, meaning the typical annual bill will rise to £3,000. This continues to be totally out-with the ability for households who are already in poverty or destitution to meet which results in increased levels of fuel debt and power supplies being cut off without any intervention from support agencies.

3.4   The Emergency Energy Payment Assistance Programme which is delivered by D & G Council along with additional support including that available for fuel poverty through the Lemon Aid Fuel Poverty Project continues to support those most in need and offers dedicated advice and support to prevent any household from having their fuel cut off from their energy providers. Lemon Aid Fuel Poverty offers a negotiation service to support those in fuel debt which passed the debt element to a separate account with their fuel provider which can then be paid back at nominal rates until the customer is in a stronger position financially.

3.5   Our primary concern continues to be those who are most vulnerable and hard to reach, but it is important that everyone understands the effects of the cost-of-living on them individually, and that there is support and help available for all. We know that there is a rise in the levels of In Work Poverty and for families with two incomes, this is no longer enough to cover the basic costs each month. The sharp rise in interest rates in October 2022 and the resulting increases in inflation have had a further negative effect, with all borrowing which is not on a fixed rate credit agreement substantially increasing in costs. This includes mortgages, car loans and finance payments, secured and unsecured loans.

3.6   Locally, The Poverty & Inequalities Partnership is leading on a partnership response to ensure that a co-ordinated approach is being taken to tackle the current challenges and ensure that the work of the Partnership, and its 4 Sub Groups and agreed Action Plans have been reviewed and updated to reflect the current situation including prioritisation and acceleration of key actions. This work is being done with the aim to:

- Raise awareness of the cost-of-living crisis in Dumfries and Galloway, without causing undue alarm or stress;
- Support citizens living and working in Dumfries and Galloway affected by the cost-of-living crisis by ensuring they are aware of where and when they can access financial, wellbeing and other support and;
- Ensuring a continued co-ordinated approach across all partners and community groups.

3.7   It is important that a multi-agency response continues to be taken in Dumfries and Galloway through the Poverty and Inequalities Partnership. Work is being undertaken to raise awareness of the effects of the cost-of-living and to signpost people to advice and support that can help mitigate its impact. A central part of the is a partnership website which was successfully launched in October 2022 providing one central point which all residents can go to for trusted advice and guidance. Cost of Living - Cost of Living DG (dumgal.gov.uk)

3.8 This Website contains a range of of information and resources provided by all partners and links directly to organisations existing websites for support i.e Citizens Advice. This website has been developed by the partners using existing resources and will follow the same model of 'SupportDG" website that was used during COVID-19. A full Communications Plan continues to be delivered by the Poverty & Inequalities Partnership working with Partners Communications Teams and subject matter professionals so that all partners continue to promote this Website since it was first launched.

3.9 The Partnership has also ensured that there is continued resources to update the

website on a weekly basis to ensure that it remains current. This work is all being reported to the Partnership for scrutiny and agreement. There is an invitation being extended to any organisation not yet involved to help contribute content to this website.

Community Planning Partners' contribution to the Cost of Living

3.10   **Appendix 1** details the updates on the key activities/initiatives which were last reported to the CPPB at the last Board Meeting along with a summary of progress.

4. Recommendation:
Board Members are invited to;

4.1 Consider the range of work currently being undertaken across CP Partners to help tackle the Cost of Living;

4.2 Provide any further updates/suggestions and ideas which partners could take forward collectively; and

4.3 Agree that future updates to the CPPB on the Cost of Living will be integrated within the quarterly Poverty & Inequalities Partnership updates.

Appendices (1)

1 – Summary of key actions which are being delivered to mitigate the impacts of the continuing Cost of Living.

Mark Molloy – Service Manager Young People
Wendy Jesson – Poverty & Inequalities Development Officer
Stephen Jack – Lifelong Learning Manager

APPENDIX 1 – SUMMARY OF KEY ACTIONS ACROSS PARTNERS TO ADDRESS CONTIUED COST OF LIVING PRICE RISES

Detailed below is an updated summary of the key actions that are currently taking place within our Region by all Community Planning Partners including our Dumfries and Galloway Poverty and Inequalities Partnership:

D & G Poverty & Inequalities Partnership – Priority Projects to Tackle the Rising Cost of Living

Sub Group 1: Tackling Severe Poverty & Destitution & Building the Capacity of Individuals and Communities to Tackle Poverty

- Cash First Leaflet produced which emphasises the role of the Scottish Welfare Fund and other advice providers as the first point of call for those experiencing financial difficulties – a further 4,000 leaflets have been ordered and distributed throughout our Region.

- Piloted training designed to build the capacity of front line staff across statutory and community organisations to identify and refer people in need of poverty related support to all organisations who can provide. This will be delivered by both D & G Council and NHS Dumfries and Galloway staff and will be available as a Half Day Training Module as well as a longer Full Day Training Module for more in-depth poverty and inequalities training.

- Hard to Reach residents who are at risk of food insecurity continue to be contacted to communicate key messages about support for people facing or at risk of both poverty & destitution & to increase the awareness of advice and support services.

- All organisations who support people in poverty review all of their information currently listed under the Dumfries and Galloway Third Sector Locator Map to ensure it is accurate and up to date.

- Information on Digital Inclusion Projects operating across the Region is collated and disseminated to partners for onward sharing to provide more digital devices and internet connections to those in need.

- Support to the Hub to continue to deliver their Home Heating Advice Scotland Scheme which makes direct payments to utility companies through grant funding on behalf of people using various fuels within their homes (including off grid energy such as Oil etc)

Sub-Group 2: Maximising Income and Reducing Debt of People in Poverty

- Agreed on additional provision with Food Providers throughout our Region to provide Drop In's at the most appropriate times each week / month. This will ensure additional support for all customers calling in which will help with increasing their benefit maximisation, debt reduction and additional fuel poverty reduction support.

- Currently liaising with The Share Foundation who specialise in finding the owners of unclaimed Child Trust Funds all aged between 16-19. There are currently approximately 1,500 unclaimed Child Trust Funds within Dumfries and Galloway with a balance of approximately £1,500 in each account. Through working with this organisation along with additional partners including our Youth Work Services Team aim to successfully secure this additional £2,250,000 to all of these young people.

- Delivering a dedicated campaign lead by D & G Council, Social Security Scotland and all Sub-Group Partners to maximise the number of applications to the Social Security Scotland Child Grant Payment. This Grant was first launched last year for children from birth to six years old & was expanded in November last year to include all children and young people up to the age of 16. We plan to secure applications to this Fund for every child within our Region who is currently registered to receive Free School Meals (just over 4,000 children & young people) to begin with, then to work towards ensuring that every eligible child has applied to receive the additional £25.00 per week which they are eligible to receive.

- Development of additional Online Information by all support organisations on all avenues for help and support for anyone facing any form of poverty or deprivation.

- Outreach Work has been expanded to bring together all agencies including Job Centre Plus, RSL's, DAGCAS etc to offer support at key locations across the region including all Food Banks / Food Providers.

- Referral to Advice Agencies is embedded within the delivery of the new Home Teams Approach being taken forward by Dumfries & Galloway Health and Social Care Partnership

- Increase the levels of early intervention by all agencies by increasing referrals between organisations to provide a seamless level of support to all support provision available.

Sub-Group 3: Reducing Financial Pressures on People in Poverty

- Cunningham Housing Associations Lemon Aid Fuel Poverty has joined this Sub-Group. Through this Project we are developing new links with the Fuel Bank Foundation Scotland which has access to national funding which will directly increase the amount of free Fuel Vouchers and Fuel Debt Reduction available to all of our residents within our Region.

- Working with Windfarm Community Trusts to offer support on a range of additional projects which will help their local communities to tackle fuel poverty at this challenging time. This includes discussions on how funding can be allocated locally to specific tackling poverty and inequalities projects as well as making donations of surplus funding to ensure that those most in need within small rural communities are supported through the windfarm funding which is being generated within their local areas.

- Stranraer and Solway Credit Union are due to meet with contacts within NHS Dumfries & Galloway to offer the Direct Salary Payment Scheme to all NHS Employees within Dumfries & Galloway.

- Home Energy Scotland are now delivering detailed Home Energy Scotland Employee Engagement Sessions which offer detailed advice and support on how to save money on home energy costs. These have been running throughout February and March 2023.

- Stranraer and Solway Credit Union have provided detailed information about their Services to all Loreburn & Wheatley Group (DGHP) Tenants to encourage low cost affordable loans to reduce the number of individuals taking high cost doorstep or illegal loans to cover basic costs.

- Multi-Agency Campaign is focussed on the reducing the impact of the significant Energy Price Rises with dedicated pathway for referrals to all agencies, grants and support which is currently available plus support to access all of these funding streams.

- Advice organisations and organisations working with people most at risk of fuel poverty to expand relationships with Home Energy Scotland and increase the number of referrals to access grant support to help with rising energy costs.

- Working with Home Energy Scotland to deliver a series of Roadshows within the Region in a range of locations with support available to residents on a face to face basis.

Sub-Group 4: Child Poverty

- The Annual Child Poverty Action Plan Report 2021-2022 has been submitted with all final amendments from both D & G Council and NHS Dumfries & Galloway to the Scottish Government for feedback and approval. Dedicated feedback on our Plan is due to be received shortly from The Improvement Service which will be fed back to our main Partnership.

- Actively participating in both the Remote - Rural - Island - Child Poverty Peer Support Network and also the recent Improvement Service Child Poverty, Employability and Early Learning and Childcare network event.

Dumfries & Galloway Poverty & Inequalities Partnership Communications Sub-Group:

- A dedicated Cost of Living Website which features all support available throughout our Region from all partners with information available in simplest format and quickest links, continues to be a key tool in helping to tackle all forms of poverty and inequalities.

- Planning will begin shortly on Challenge Poverty Week 2023 (Monday 2nd Oct – Sunday 8th Oct 2023) with a similar partnership format to 2022. All resulting bank of information, videos, advice and guidance all to be added onto the Cost of Living Website.

Community Planning Partner Activities

1. Continued delivery of the Advice and Information Services Commission by Dumfries & Galloway Citizens Advice Services, supported by Dumfries and Galloway Council, which includes Income Maximisation, Benefit Maximisation and Debt Advice and guidance. The Council has agreed a 10% uplift in this grant for 2023/24 to support with increased costs.

2. Delivery of Emergency Energy Payment Assistance Programme which offers £200,000 of energy top up's to the most vulnerable within our Region.

3. Delivery of the Free Warm Winter Clothes Permanent Collection Points which offer free Warm Winter Clothes to all families and individuals at various locations throughout our Region.

4. Employability and Skills Service continues to develop close working partnerships with Family Nurse Practitioners across the region to facilitate cross referring of young women, and their partners where appropriate, providing ongoing employability support following their intervention.

5. Summer of Play funded over 4500 different activity sessions to take place for low income families over the Summer Holiday Period.

6. Extra Adult Learning Drop-Ins established across the region focussing on how to reduce bills, access to financial support, budgeting, digital, literacy, numeracy & pre-employment support.

7. Work has taken place to identify families that may be eligible for a funded two-year-old childcare place but have not applied. Information has been sent out to all families detailing the offer of Funded 2-year-old places.

8. Parents employed as part of a project to develop and improve the way we engage and support parents to improve their employment circumstances.

9. 47 paid work placements offered in the public or third sector for people who have been long term unemployed.

10. Partnership with Scottish Childminding Association to provide fully funded opportunities to train and set up as qualified childminders.

11. Partnership between Council, Dumfries and Galloway College and Local Authority nurseries to provide qualifications and training to people seeking to improve income by becoming classroom assistants.

COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023

CURRENT KEY STRATEGIC ISSUES UPDATES

Author: **Stephen Jack, Lifelong learning Manager**	Responsible Senior Officer: **Richard Grieveson, Head of Community Services**
1. Situation: 1.1 This report provides the quarterly updates on the Plans and Strategies which contribute to the LOIP.	

2. Background:
2.1 The Board has identified ten key Strategies and Plans that support the Local Outcomes Improvement Plan as follows:
    - Children's Services Plan
    - Community Justice Improvement Plan
    - Community Learning and Development (CLD) Partners' Strategic 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
 	
N.B Child Poverty is now incorporated within the work of the Poverty & Inequalities Partnership	

3. Key issues: 3.1 Lead officers for 8 of the Strategies and Plans have provided more detailed progress reports for this meeting and these are detailed in **Appendix 1.** 3.2 The lead for the Regional Transport Strategy has confirmed that the existing Regional Transport Strategy ended in 2022 and its draft replacement has just finished the statutory public consultation phase. The new Regional Transport Strategy 2022 to 2042 is expected to be submitted to the SWestrans Board for agreement in June 2023 prior to it going to Scottish Ministers for final approval. The new Strategy will apply to the overarching themes for the new LOIP and therefore once approved more detailed updates can be provided to the CPPB. 3.3 For this quarter a new template has been piloted to try and map existing work to the overarching Themes of the new LOIP and also capture respective contributions against the priorities of the Youth Council. This will continue to be tweaked following feedback going forward. 3.4 Some key issues to bring to Board members attention include:	

Children's Services Plan
- The 2023-2026 Children's Services Plan is nearly finalised and an end of year report against the existing Plan is due for completion in the Spring.

Community Justice Outcomes Improvement Plan
- Development of the new Plan is ongoing and this will be a five-year plan going forward.

Community Learning & Development Partners' Plan
- Some headline statistics to inform the end of year report 2021/22 are now available and which draws on evidence from a number of sources.

Health & Social Care Strategic Plan
- The draft IJB Annual Performance Report for 2021/22 is included as **Appendix 2**. It provides information for the period 1 April 2021 to 31 March 2022 on performance against a range of indicators. An Easy Read version is included as **Appendix 3**.

Local Development Plan
- Scottish Government published the National Planning Framework 4 (NPF4) on 13 February 2023. The NPF4 is now part of the development plan which means it (along with the Council's Local Development Plan – LDP2) is used to assess development proposals. The document has a strong focus on climate emergency, biodiversity, health and well-being and community wealth building. The Council's next Local Development Plan - LDP3 will be required to take NPF4 into account.
- Awaiting on the Scottish Government publishing secondary regulation and guidance on the Local Development Plan process which will enable us to finalise the timetable for preparing LDP3, they have indicated it will be published in the spring.

Local Housing Strategy
- Key updates in relation to the Local Housing Strategy 2018-2023; Housing (Scotland) Act 2006 – Scheme of Assistance; Strategic Housing Investment Plan; Vacant and Derelict Land and Property Strategy.

Poverty and Inequalities Strategy
- Note the detailed updates provided on the work of the Partnership and sub-groups in relation to the Cost of Living and tackling Poverty.
- The Annual Child Poverty Action Plan Report 2021-2022 has been submitted with all final amendments from both D & G Council and NHS Dumfries & Galloway to the Scottish Government for feedback and approval. Dedicated feedback on the Plan is due to be received shortly from The Improvement Service which will be fed back to our main Partnership.

4. Recommendation:
Board Members are invited to;

4.1 Note the progress being made in relation to the key Strategies and Plans that support the Local Outcomes Improvement Plan as detailed in **Appendix 1**; and

4.2 Provide any constructive comments, feedback and observations that will be fed back to lead officers.

Appendices (3)
1 - Updates on key Strategies and Plans
2 - DGHSC – Annual Report
3 - DGHSC – Annual Report (easy read version)

Stephen Jack – Lifelong Learning Manager

UPDATES ON KEY STRATEGIES AND PLANS

1. Children's Services Plan

What are the key issues/progress updates/future plans in terms of the delivery of your respective Plan/Strategy that you would like to bring to the attention of Board Members?

1.1 At the current time, we are coming to the end of our 2020-23 Children's Services Plan, and finalising the 2023-26 Children's Services Plan. We have a statutory duty (Council and NHS) to produce Joint Annual Reports on our Children's Services Plan as soon as practicable after the end of the planning period (31 March). We are making arrangements now to start collecting evidence for the final Joint Annual Report on the current plan. A reporting template is being sent to the Priority Leads, and they are required to attend an extended meeting of the Executive Group of the Children's Services Strategic and Planning Partnership (CSSaPP) on 25 April 2023 where their progress reports will be scrutinised by the Executive Group.

1.2 We would expect to have these summary progress reports in time to append them here for the next CPPB in May.

In terms of your existing Plan/Strategy, what are the key activities/projects/initiatives ongoing which specifically contribute to the three new draft overarching Themes for the new LOIP and any positive impacts that they may be having on our local communities?

Health & Wellbeing

All the priorities in our current Children's Services Plan contribute to improving Health and Wellbeing of children and young people.
- Our first priority in the current plan is keeping children safe and this contributes to Health and Wellbeing as it is about protecting the most vulnerable children and young people.
- Our second priority is Corporate Parenting and this directly contributes to addressing health and wellbeing inequalities that are experienced by looked-after or care-experienced children and young people. Our current corporate parenting plan focuses on:
  - Housing and accommodation
  - How we interact with children and young people
  - Raising attainment
  - Improving access to Health

- Our third priority is reducing the impact of poverty on children and young people. Details of this are in our Child Poverty Action Plan. The aims under this priority are to:
  - o Increase income from employment (availability of jobs, hours and level or earnings, barriers to taking up work)
  - o Reduce costs of living (including housing, food, fuel, poverty premium, cost of the school day, unavoidable costs of disability, living in a rural area)
  - o Maximise income from social security (design and generosity of benefits, benefit sanctions, barriers to accessing financial support).

- Our fourth priority is to improve the mental health and wellbeing of children and young people. The aims under this priority are to:
  - o ensure that all children and young people have access to the mental health and wellbeing support that they need when they need it. This includes a breadth of access, close to home and in a timely manner, matched to the needs expressed.
  - o ensure the recognition and early intervention for perinatal mental health issues and to improve access to psychological and mental health services.

- Our fifth priority is that Children and young people with complex needs and disabilities are enabled to reach their potential. The aims under this priority are that:
  - o Children with neurodevelopmental disorders (for example Autism Spectrum Disorders, ADHD, Fetal Alcohol Syndrome) will be diagnosed at the earliest possible opportunity.
  - o Educational pathways and the range of options for children with complex needs (including Autism Spectrum Disorders and social communication disorders) will be strengthened in order to improve outcomes.
  - o Young people with disabilities will experience a smooth transition to adulthood.
  - o Families with children and young people with disabilities will have access to range of support options to meet individual needs and improve outcomes.
- Our sixth priority is about Whole Family Support. This is about supporting parents/carers to better meet the needs of their children. This involves:
  - o Improved support across the whole maternity journey
  - o Building community supports to better meet the needs of families, especially those who are vulnerable.
  - o Parents and Carers have access to learning opportunities which enable them to improve their life chances and be better placed to meet the needs of their child.
  - o Parents and carers are able to have their voices heard with regard to meeting the needs of their child.

Work

- Work under our Corporate Parenting and Whole Family Support priorities contributes to this theme – the actions aimed at improving the post-school outcomes (training/employment/further education opportunities) for looked-after/care-experienced young people; and the actions aimed at supporting parents/carers to access learning opportunities to build their skills and improve their life-chances.

Where We Live

- Actions under our Corporate Parenting priority involve developing suitable approaches to accommodation and housing for young people who are leaving care. Actions under

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our Whole Family Support priority involve building on the capacity of local communities to support families.

In terms of your existing Plan/Strategy what are the key activities/projects/initiatives ongoing which specifically contribute to the current priorities of the D&G Youth Council?

Involving Young People in Decision Making & Children's Rights
- This underpins our entire Children's Services Plan and runs throughout all priorities.

Mental Health & Well-being
- This is a priority in our Children's Services Plan

Climate Change & Environmental Action

Equalities inc. Awareness & Accessibility
- With regard to children with disability – this is a priority in our Children's Services Plan. The focus of this priority is Enablement.

Lead officer: Jim Brown, Chair Children's Services Strategic and Planning Partnership

Report **Dumfries and Galloway** **17 March 2023**
Community Planning PUBLIC Partnership Board

2. Dumfries and Galloway Community Justice Outcome Improvement Plan

What are the key issues/progress updates/future plans in terms of the delivery of your respective Plan/Strategy that you would like to bring to the attention of Board Members?

2.1 Development of the next local Community Justice Outcome, Improvement Plan (CJOIP) remains ongoing and has been the focus of work over the last few months. As part of this we are required to baseline D&G activity against the National Aims and priority actions in order to develop local improvement actions. This should form the basis of our plan moving forward. This can be supplemented by local outcomes. Whilst there is now a National Strategy for Community Justice in place with clear aims and priority actions the National Outcome, Performance and Improvement Framework (OPIF) still has areas that remain under development and the National Delivery Plan has not yet been agreed, although it has gone to COSLA Community Wellbeing Board we have been advised not to share this with local CJPs at this stage. The local Community Justice Partnership Manager has recommended that at this stage our local CJOIP focuses on Improvement Actions towards the national aims and priorities, building in time within the plan to consider further local outcomes/priority actions over the next twelve months. This seems the most pragmatic approach at this time whilst still enabling partners to fulfil our legislative requirements.

2.2 At the last CJP meeting on 23rd February 2023 partners agreed the next plan will be a five year plan, with annual action/delivery plans underpinning each national aim. Data was refreshed and a paper presented for consideration on local areas of focus which contribute to national aims and a short life working group is being convened to finalise this. It is anticipated that due to delays at a national level we will aim for publication in June 2023.

2.3 The Care Inspectorates Thematic Review of Diversion Report was also shared last week. This highlights recommendations for individual partner agencies, COPFS, Police and JSW, but also for Community Justice Partnerships. These recommendations will be incorporated into the CJOIP as improvement actions under national aim 1.

2.4 Working groups will be established under each of the national aims with representation from relevant partners to work towards local improvement actions. It is envisaged that these working groups will support multiple strategic partnerships, for example the group under national aim 1 should support CJP, ADP and Youth Justice Partnership. Group under national aim 2 should support CJP, VAWG etc.

National Aims:
AIM 1
Optimise the use of diversion and intervention at the earliest opportunity.
AIM 2
Ensure that robust and high-quality community interventions and public protection arrangements are consistently available across Scotland.
AIM 3
Ensure that services are accessible and available to address the needs of individuals accused or convicted of an offence.
AIM 4
Strengthen the leadership, engagement, and partnership working of local and national community justice.

In terms of your existing Plan/Strategy, what are the key activities/projects/initiatives ongoing which specifically contribute to the three new draft overarching Themes for the new LOIP and any positive impacts that they may be having on our local communities?

Health & Wellbeing

- Lived Experience Groups East and West. Funding has been confirmed to allow this work to continue for a further year. Annual reports have been produced by both local projects and a more formal report is underway capturing lessons learned, challenges and success over the first year. Several case studies relate to improved health and wellbeing of the individuals taking part, increased links with recovery communities etc.
- We continue to link effectively with the Alcohol and Drug Partnership and are exploring joint priorities within the respective strategies moving forward. This will be particularly relevant to the introduction of MAT Standards in Police Custody and prison settings and drug related deaths; liberation from custody is recognised as a time of significant risk.
- Supported funding for Families Outside, Family Support Coordinator. This remains challenging as we move forward.
- Continuing to highlight the impact of trauma and adverse childhood experiences on future life outcomes. This work has been paused due to staffing issues at present however should be included throughout the lifetime of the next CJOIP.

Work

- There is a deliverable within the national Delivery Plan in relation to Local Employability Partnerships collaborating more effectively with CJPs as they have oversight of No one Left Behind monies. One of the identified priority groups within this is those with justice experience. It has been agreed that DWP will feedback to CJP as an active partner.
- Positive outcomes in relation to job outcomes for the Lived Experience Peer Workers. One of them is now being recruited as an UPW Supervisor in the West and the one in the East is undertaking Unpaid Work Training as part of a pilot being delivered by Community Justice Scotland.
- Apex Scotland are an active partner on CJP and deliver the Moving On employability service which has seen a number of positive outcomes over the last year despite challenging times. Figures will be included in the next Annual Report for 2022/23.
- Closer links have been made with Summerhill Community Centre which has presented a number of positive opportunities for those involved.

Where We Live

In terms of your existing Plan/Strategy what are the key activities/projects/initiatives ongoing which specifically contribute to the current priorities of the D&G Youth Council?

Involving Young People in Decision Making & Children's Rights

Mental Health & Well-being

- Trauma and ACEs as above.

Climate Change & Environmental Action

Equalities inc. Awareness & Accessibility
- This has not been an area of focus for us as a CJP but must be considered moving forward. We have built up strong and effective links with the Violence Against Women Sub Committee and the CJP Manager is Chair of this group. Much work is undertaken in relation to raising awareness of VAWG and healthy relationships.

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

3. Community Learning and Development (CLD) Partners' Strategic Plan 2021 -2024

What are the key issues/progress updates/future plans in terms of the delivery of your respective Plan/Strategy that you would like to bring to the attention of Board Members?

3.1 The CLD Partnership are finalising their first annual report on the 2021-2024 Plan which outlines performance updates up until September 2022 and will provide a baseline for future monitoring. Some key statistics gathered so far from partners and which contribute to CLD Performance are detailed below:

- 3,505 students achieved recognised qualifications (D&G College)
- 48.2% of student with experience of care achieved recognised qualifications (D&G College)
- 17,900 volunteer hours logged to support accredited volunteering awards (TSDG)
- 90%of TSDG event participants reported that through engagement with TSDG they were helped with their enquiry
- Of the 150 organisations worked with in the past year, 25 self-identify as having community development as their main activity. (TSDG)
- The 2021 Annual Participation Measure showed that of the 5,830 16-19 year olds in Dumfries & Galloway 93.1% were in education, employment or training and personal development. (SDS)
- Number of adults engaged in Lifelong Learning activity - 9,234
- Number of adults completed nationally recognised awards through Lifelong Learning activity (SCQF levelled and awards such as Adult Achievement Awards including sectional certificates – 87
- Number of adults gaining wider achievement awards not nationally recognised through SCQF – 69
- Number of adults engaged in family leaning through Lifelong Learning service – 3,159
- Number of children engaged in family leaning through Lifelong Learning service – 4,078
- Number of adults reporting improved mental health and wellbeing outcomes though learning with Lifelong Learning activity – 1,200
- Number of children reporting improved mental health and wellbeing outcomes though learning with Lifelong Learning activity – 3,349

3.2 Workforce development will be a key focus during 2023. Work is ongoing in partnership with D&G College to develop a Community Development module (SCQF – Level 6) which will be available mainly online but with Peer learning opportunities built in. This is to help address an identified gap across the CLD Workforce linked to growing demand from communities for practitioner support in relation to Community Development.

3.3 Through the CLD South-West Network, Dumfries and Galloway contributed to a national programme of practitioner learning events through the 2nd "Winter Learning Festival which took place between 20-24 February 2023 with the specialist topic on "An introduction to Scottish & Ukrainian Qualification comparisons" being covered. This attracted great interest across the Country with 44 practitioners registered for the session.

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2. In terms of your existing Plan/Strategy, what are the key activities/projects/initiatives ongoing which specifically contribute to the three new draft overarching Themes for the new LOIP and any positive impacts that they may be having on our local communities?

Health & Wellbeing

- 16 Projects were successfully facilitated as part of the inaugural AL Recovery Fund positively contribute to improving the Health & Wellbeing of our most vulnerable during 2022 with a full evaluative report being produced by TSDG.
- 15 Nithsdale NHS Community Health Development Volunteers were supported to restart volunteer activities in 2022:
    - Tai Chi x7 classes per week, 15 volunteers and 112 participants
    - Art x 2 groups per week, 3 volunteers and 12 participants
    - Crafting x 2 groups, 3 volunteers and 16 participants
    - Food Group x 2 volunteers, 1 group x 6 participants
- Several online and face to face health and wellbeing groups have been offered successfully by Lifelong Learning service throughout D&G. The Service also received approval to deliver an SQA in Mental Health and Wellbeing which is being rolled out this year.
- The Youth Work Service Youth Information Projects have continued to provide children and young people with support in relation to low level mental health concerns in schools, their communities and online. The Community Based Youth Information Project specifically was funded by Dumfries and Galloway Council as part of their COVID-19 response to ensure young people in need of support for their mental health were able to access this when required.

Work

- The Youth Work Service have supported 8 Kickstart Trainees and 6 Modern Apprentices within the timescale of this report. These trainee and apprenticeships have included weekly professional development with dedicated development time factored into their working week to ensure individuals have the skills and competences required should they wish to pursue a career in community-based work in the future.
- New pathway of ESOL learning established between Lifelong Learning and the college with D&G Multicultural Association as a key partner providing language learning from pre beginners to SQA level 5 and also additional integrational skill learning being incorporated into this programme.
- CLD Partners are involved in the PACE Partnership to help ensure a co-ordinated approach to those at risk of/facing redundancy and providing skills/upskilling support.

Where We Live

- All Locality Areas have an established forum for Youth Work providers that meet quarterly to share practice, identify gaps in provision and collaborate on new projects and funding when required. These forums have ensured that all providers are aware of the wider sector offer being delivered within their locality and have led to partnership projects inc. Resilient Youth which was partnership between the Council's Youth Work Service and the 3 branches of the YMCA within Dumfries and Galloway working specifically with isolated (due to geography or circumstance) young people.

- The new Place Planning Partnership was established during 2022 and forms part of the operating arrangements for Community Planning. Self-help guides are in development to support local communities to develop their own plans.
- SOSE is supporting enterprising communities and social enterprises to innovate, strengthen and grow through tailored one to one support which often involves collaborative working with other CLD partners and funders, examples include development of community assets, cultural heritage and tourism opportunities; governance; supporting communities in their transition to Net Zero; promotion of Fairwork; leadership programmes.

In terms of your existing Plan/Strategy what are the key activities/projects/initiatives ongoing which specifically contribute to the current priorities of the D&G Youth Council?

Involving Young People in Decision Making & Children's Rights
- The Youth Work Service have worked alongside key stakeholders inc. Education, Social Work, Children's Services, Employability and Skills, and young people involved in the existing Youth Democracy structures to develop the 2022 – 2027 Youth Participation and Engagement Strategy for Dumfries and Galloway Council.
- The Strategy was approved on November 3rd 2022 during the Annual Joint Meeting between DGC and the Youth Council. The Strategy includes information about the Council's approach to Youth Participation and best practice guides and examples for colleagues interested in including young people in service planning and review, the Strategy is available to view here.
- From December 2022 onwards, there will be training available for staff and volunteers related to youth democracy, rights and participation. This will inform part of a wider training offer for Council and Third Sector colleagues working with young people.
- Lifelong Learning are incorporating Children Rights Agenda into all Family Learning evidence-based delivery ensuring parents and children from birth to P.1 are aware of Children's Rights agenda.

Mental Health & Well-being
- Examples provided above.

Climate Change & Environmental Action
- Youth Work Services supported over 80 young people to engage with workshops and exhibitions related to climate change, the environment and sustainability as part of the Young Persons COP26 programme. This programme included 7 groups visiting the COP26 Green Zone and attending the For Future Climate March. As part of the legacy of COP26, Youth Work recruited a group of 10 climate champions (who feed into a national network hosted by YouthLink and Young Scot) in Dumfries and Galloway who have planned a series of events during 2022 to raise awareness of the climate emergency and measures individuals and local and national governments can take to mitigate the effects of climate change.
- Lifelong Learning designed and launched a specific Climate Awareness Course for adult learners and family learning learners. As well as this, online resources were developed to engage learners through COP 26. STEM outdoor programmes are currently being offered as part of a family learning programme in schools focussing on

climate change. A successful programme of STEM throughout the summer '22 was planned and delivered with families.

Equalities inc. Awareness & Accessibility

- The Lifelong Learning service provides adult learning support group for adults with additional support needs. Additional support is provided through third sector partners such as Better Lives Partnership; Wigtownshire Stuff and DG Voice. Staff undertaking new Dyslexia Awareness training through Dyslexia Scotland modules

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

4. Health and Social Care Strategic Plan

What are the key issues/progress updates/future plans in terms of the delivery of your respective Plan/Strategy that you would like to bring to the attention of Board Members?

4.1 The IJB Annual Performance Report 2021/22 discusses the progress of the Partnership against the 9 national health and wellbeing outcomes and the commitments contained within the 2018-21 Strategic Commissioning Plan (SCP).

4.2 In November 2018 the IJB agreed a revised performance framework for the Partnership that applies to any activities up to and including 31 March 2022. In March 2022, the IJB published a new Strategic Commissioning Plan and Performance Management Framework therefore this is the last IJB Annual Performance Report relating to 2018-22, completing the performance cycle for the old SCP.

4.3 The draft IJB Annual Performance Report for 2021/22 is included as Appendix 2. It provides information for the period 01 April 2021 to 31 March 2022 on performance against a range of indicators. For the best reading experience, we recommend viewing the pdf view page display in Two Page View. An Easy Read version is included as Appendix 3.

4.4 The results from the Health and Social Care Experience (HACE) survey suggest that people are less happy with services. However, people in Dumfries and Galloway were more satisfied with health and social care services than the rest of Scotland.

4.5 The number of people accessing services is rising and the intensity of people's needs has grown. For example, the rate of falls has remained the same, yet more people are being admitted for hip fractures which require more intensive treatment.

4.6 More people are waiting for treatment, care and support, and they are waiting longer to be seen. Most waiting times standards are not meeting national targets as a consequence of the system pressures following the COVID-19 pandemic.

4.7 Our hospitals are badly affected by the pressures across the system. There has been an increase in planned operations being cancelled, people have had to share rooms designed for single occupancy, and record numbers of people have been delayed in hospital.

4.8 Unfortunately there have been some poor care home reports from the Care Inspectorate in the last year. There has been a team of people from the Partnership working together with providers to help sort out any areas for improvement.

4.9 Attracting people to work in health and social care and keeping them, remains a core challenge across the Partnership. Sickness absence reached record high levels in January 2022. People working in health and social care report low levels of personal resilience.

4.10 There continues to be financial pressures across all services. There has been a continued growth of agency and locum spend which is increasing the overall pay costs. A balanced position was only achieved by use of non recurring funding from Scottish

Government through the NHS Board reflecting the significance of the underlying financial deficit.

4.11 There are many examples of innovative ways of working to ensure people continue to receive the care and support they need, whilst addressing the ongoing challenges.

- Each month our community health teams have been helping over 70 people while they wait for long term care and support at home.

- People who are still waiting for health appointments are being contacted to make sure the people most in need get seen first. Very few people have been waiting more than 18 months.

- We are developing better ways to care for and support people with a learning disability and autism.

- A Carers Hub has opened in Dumfries and Galloway Royal Infirmary in partnership with third sector organisations where Carers, families and staff can access advice and support.

- To address the experiences of people who work in health and social care from different backgrounds we have developed 4 staff equality networks.

- We have made greater use of video and telephone consultations to help reduce the risk of COVID-19 infections. These have saved over 1 million health miles.

4.12 This performance report illustrates widespread system pressures following the COVID-19 pandemic, that impact on all aspects of the Partnership.

4.13 The Annual Performance Report highlights many examples of effective Partnership working, innovative ways of supporting people and staffing challenges across the partnership.

In terms of your existing Plan/Strategy, what are the key activities/projects/initiatives ongoing which specifically contribute to the three new draft overarching Themes for the new LOIP and any positive impacts that they may be having on our local communities?

Health & Wellbeing

The Partnership's Annual Delivery Plan has actions relating to the following:
- Development of a Short Breaks Strategy
- Poverty and health inequalities: Deliver action to address poverty and health inequalities across the life course in partnership with Community Health & Social Care, Dumfries and Galloway Council, Third Sector D&G and with communities
- Implementation of Distress Brief Interventions (DBI) model: Staff within Primary Care, Police Scotland, Scottish Ambulance service, Emergency Department and Community Mental Health agreed will be provided with awareness and training sessions to increase their knowledge and confidence in identifying people in Mental Health distress and be able to make an onward referral to the commissioned service who deliver DBI

interventions aimed at supporting people during their distress by delivering early interventions and follow up support over an agreed period.

- Sustainability of General Dental Service Provision
- Tackling Inequalities – Embedding our Approach: The purpose of the project is to work towards embedding our approach to tackling inequalities and maximising our Anchor organisation status into mainstream business of the Health and Social Care Partnership and NHS Board and ensuring appropriate monitoring and governance mechanisms are in place.
- Drug and alcohol related harm

Work

The Partnership's Annual Delivery Plan has actions relating to the following:

- Nursing skill mix and Establishments
- Develop Care Home Support and Response Model
- Implementation of First Contact Practitioners (FCPs)
- Recruitment: Implement a programme of recruitment that supports the delivery of the SCI's including local/national and international recruitment
- Deliver a range of activities to attract young people into careers in health and social care.
- Develop properly mapped career pathways for routes into careers in health and social care by 2025 in line with integrated workforce plan.
- Staff resilience: Deliver actions across the partnership that will assist staff to remain resilient at work
- Introduce the Fair Work Framework by 2025
- Equality networks: Extend provision of networks that contribute to the wider equality and diversity agenda e.g. LGBTQ+ network
- Maximising Healthy Attendance at Work. We know motivated, well at work employees deliver better care for their patients. This is particularly important as we recover from COVID and head to the Winter. Well being and health of staff is a tactical priority
- Psychology staff support: Providing psychological support to individual staff members or teams within the health and social care partnership to support resilience and wellbeing.
- Mobilising our Workforce (incl Remote Working): This series of work programmes are being prioritised to address more flexible workforce in terms of Digital capability. The key areas which will be addressed by will be efficiency/ New opportunities to deliver Care pathways differently/ Improving Workforce challenges and flexibility opportunities.

Where We Live

- Hybrid Working
- In the Lens: Capacity and capability building programme
- Digital Strategy review: Develop local response to National Digital Strategy including an implementation plan.
- Car fleet: Review Pool car fleet: Reduce fleet size due to reduction in face to face meetings etc. Will also introduce electric vehicles
- Extra Care, Specialist Housing and Housing Strategy
- Assistive and Inclusive Technology

In terms of your existing Plan/Strategy what are the key activities/projects/initiatives ongoing which specifically contribute to the current priorities of the D&G Youth Council?

Involving Young People in Decision Making & Children's Rights

Mental Health & Well-being
- Review of Short Break Model for children and young people
- CAMHS/LAC delivery model
- Remobilise Sexual Health Services
- Delivering a Specialist Eating Disorders Service

Climate Change & Environmental Action
- See above

Equalities inc. Awareness & Accessibility
- See above

N.B. if anything has already been covered in previous sections then please just state so.

Julie White, Chief Officer, Health and Social Care

Appendix 2 DGHCSC Annual Performance Report
Appendix 3 DGHSC Annual Performance Report EASY READ

5. Local Development Plan 2

What are the key issues/progress updates/future plans in terms of the delivery of your respective Plan/Strategy that you would like to bring to the attention of Board Members?

5.1 Scottish Government published the National Planning Framework 4 (NPF4) on 13 February 2023. The NPF4 is now part of the development plan which means it (along with the Council's Local Development Plan – LDP2) is used to assess development proposals. The document has a strong focus on climate emergency, biodiversity, health and well-being and community wealth building. The Council's next Local Development Plan - LDP3 will be required to take NPF4 into account.

5.2 We are waiting on the Scottish Government publishing secondary regulation and guidance on the Local Development Plan process which will enable us to finalise the timetable for preparing LDP3, they have indicated it will be published in the spring. In the meantime, work has started on scoping out what is required for the evidence report which is the first stage in preparing LDP3. A project board has been established to oversee project, proposed membership comprises Council officers, key agencies, the NHS and SoSE.

5.3 Local Place Plans - a policy and process document is being reported to the Council's Economy and Resources Committee on 13 March 2023. It sets out how the Council and its partners will help community groups to prepare a Local Place Plan for their area. Following approval there will be a formal launch of Local Place Plans to ensure all communities are aware of the opportunity.

In terms of your existing Plan/Strategy, what are the key activities/projects/initiatives ongoing which specifically contribute to the three new draft overarching Themes for the new LOIP and any positive impacts that they may be having on our local communities?

Health & Wellbeing

- About to review the open space strategy and undertake an assessment of play opportunities across the region. The provision of good quality and accessible open space and play opportunities can have a significant impact on people's health and well-being.

Work
- The Dumfries and Stranraer Conservation Area Regeneration schemes (CARS) have commissioned consultants to undertake a region wide traditional building skills audit. The aim is to gain understanding of the traditional building skills that are available locally and to identify ways in which local businesses could be supported to develop this area of work. It should also provide training opportunities in the future.
- Improve our understanding of how effective the land allocated in the Local Development Plan is for business and industry, what needs to happen for the sites to be developed and how attractive they are to the market.

Where We Live

- The opportunity for community bodies to prepare a Local Place Plan enables them to influence their immediate environment. The Local place Plan will cover the issues that are of the most importance to that community.

In terms of your existing Plan/Strategy what are the key activities/projects/initiatives ongoing which specifically contribute to the current priorities of the D&G Youth Council?

Involving Young People in Decision Making & Children's Rights

- Would encourage children and young people to get involved in any Local Place Plans that may be developed for where they live. We will be challenging those communities who prepare one to make sure they listen to a wide range of voices within their community as possible.
- Currently exploring the best and most effective ways to engage children and young people in developing the next local development plan for the region.

Mental Health & Well-being

- Need to involve children and young people in the open space and play sufficiency work outlined above.

Climate Change & Environmental Action

- Climate change and the environment will be key aspects of the next local development plan. We will set out in the next Development Plan Scheme when children and young people can get involved. Currently exploring how we can involve them in that work.

Equalities inc. Awareness & Accessibility

- See above.

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

6. Local Housing Strategy

What are the key issues/progress updates/future plans in terms of the delivery of your respective Plan/Strategy that you would like to bring to the attention of Board Members?

Local Housing Strategy 2018-23

6.1   We have put in place a Strategic Housing Forum to deliver a collaborative approach to the development of the Local Housing Strategy (LHS). The LHS shapes the delivery of the Affordable Housing Supply and Energy Efficient Scotland programmes for 2022/23 in Dumfries and Galloway and is being supported by a total budget allocation of almost £23 million from the Scottish Government. This will be further supplemented by leveraging in additional funding, and also by developers own resources. 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.

Housing (Scotland) Act 2006 – Scheme of Assistance

6.2   Part 2 of the Housing (Scotland) Act 2006 requires Local Authorities to develop a Scheme of Assistance setting out how it will provide support to private property owners, and tenants, when carrying out work to improve the quality of housing. The 14 March 2023 meeting of the Economy and Resources Committee will be asked to consider making recommendations to Dumfries and Galloway Council for the allocation of funding to the Dumfries and Galloway Health and Social Care Integration Joint Board to support the ongoing delivery of the Care and Repair service for 2023/24. In addition, support for the Small Repairs and Home Support Service, Dementia Friendly Design, and Food Train at Home projects will also be discussed. These services help to maintain older and vulnerable people's ability to live independently at home while ensuring they receive the care and support they require.

Strategic Housing Investment Plan

6.3   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 the 4 year period from 2022/23 – 2025/26, Dumfries and Galloway Council have been allocated £82.7 million, split into separate sums for each financial year. This long term allocation is intended to assist plan and deliver affordable homes in line with the priorities of the LHS and SHIP.

Vacant and Derelict Land and Property Strategy

6.4   The Council has put in place a Vacant and Derelict Land and Property Strategy that targets investment and development opportunities towards these locations and allows the leverage of additional funding from sources such as the Borderlands Place Programme, the Place Based Investment Programme and the Vacant and Derelict Land Investment Plan to deliver sustainable end uses. The Strategy highlights statutory powers and allow for further co-ordinated collaborative action amongst public bodies to protect from risks that arise at these locations. This has been developed following a programme of stakeholder engagement, including community conversations and a workshop with partner organisations such as Police Scotland, and the Scottish Fire and Rescue Service. The findings have been used to support the development of a strategy, which was agreed November 2022 meeting of the Economy and Resources Committee.

PUBLIC

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

7. Poverty and Inequality Strategy 2021-26

What are the key issues/progress updates/future plans in terms of the delivery of your respective Plan/Strategy that you would like to bring to the attention of Board Members?

7.1 The delivery of our Dumfries and Galloway Poverty & Inequalities Partnership Strategy 2021-2026 continues to be completed with all of our 4 Sub-Groups working towards our overall Strategy Vision of "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'. The subgroups have also identified key actions to focus and report on based on the feedback from this group previously.

7.2 Our Dumfries and Galloway Poverty & Inequalities Partnership met on the 25th of January 2023 and agreed all of the following:
- A Sub-Group Priority Projects Monitoring and Reporting Template which will be completed and presented to each subsequent Partnership Meeting to highlight the progress of each of the agreed Priority Projects moving forward.

- Unfortunately during the Interviews for the Post of Chairperson for our Partnership on the 13th of January 2023, none of the Candidates displayed all of the requirements which our Recruitment of Chairperson Sub-Group Members agreed would be essential for this Post moving forward. The partnership has agreed an approach moving forward.

7.3 At our next Partnership Meeting which is being held on 15th of March 2023, Third Sector D & G will be delivering a detailed presentation on their Digital Exclusion within Dumfries & Galloway Report September 2022. This will include detailed discussions on all of the actions agreed within the Report which mirror those within our Sub-Group 1 Action Plan which are currently being delivered.

- **In terms of your existing Plan/Strategy, what are the key activities/projects/initiatives ongoing which specifically contribute to the three new draft overarching Themes for the new LOIP and any positive impacts that they may be having on our local communities?**

Health & Wellbeing
By their very nature, every one of our Sub-Group Projects mitigate the impacts of the Cost of Living Crisis. Detailed below are the key activities / projects/initiative which will be covered under this draft overarching theme for the LOIP:

- Continuing to support all of our Food Providers by increasing their profile through highlighting their services on the Third Sector D & G Locator Map. This enables anyone in need to identify where their local food provider is based and the services which they offer along with the contact details & opening hours of these essential support organisations.

- A further 4,000 "Worrying About Money" Leaflets which have been codesigned by the Food Aid Network Project and all project partners have been ordered and distributed

throughout our Region. These offer detailed help and advice on who to approach depending on the financial situation which each individual may find themselves in (e.g. no funding at all – Crisis Grant Application through D & G Council's Financial Wellbeing and Revenues Team).

- Finalising new Online Leaflets which will highlight all of the support mechanisms available from all agencies so that anyone in need knows exactly who to approach for each area of support required. This builds on the original work of "Worrying About Money Leaflets" and provides detailed information on the support available from our RSL's.

- Agreeing on additional provision with Food Providers throughout our Region to provide Drop In's at the most appropriate times each week / month. This will ensure additional support for all customers calling in which will help with increasing their benefit maximisation, debt reduction and additional fuel poverty reduction support.

- Currently liaising with The Share Foundation who specialise in finding the owners of unclaimed Child Trust Funds all aged between 16-19. There are currently approximately 1,500 unclaimed Child Trust Funds within Dumfries and Galloway with a balance of approximately £1,500 in each account. Through working with this organisation, our Sub-Group 2 Members along with additional partners including our Youth Work Services Team aim to successfully secure this additional £2,250,000 to all of these young people.

- Delivering a dedicated campaign lead by D & G Council, Social Security Scotland and all Sub-Group Partners to maximise the number of applications to the Social Security Scotland Child Grant Payment. This Grant was first launched last year for children from birth to six years old & was expanded in November last year to include all children and young people up to the age of 16. We plan to secure applications to this Fund for every child within our Region who is currently registered to receive Free School Meals (just over 4,000 children & young people) to begin with, then to work towards ensuring that every eligible child has applied to receive the additional £25.00 per week which they are eligible to receive.

- Working with Windfarm Community Trusts to offer support on a range of additional projects which will help their local communities to tackle fuel poverty at this challenging time. This includes discussions on how funding can be allocated locally to specific tackling poverty and inequalities projects as well as making donations of surplus funding to ensure that those most in need within small rural communities are supported through the windfarm funding which is being generated within their local areas.

- Stranraer and Solway Credit Union are due to meet with contacts within NHS Dumfries & Galloway to offer the Direct Salary Payment Scheme to all NHS Employees within Dumfries & Galloway

- Home Energy Scotland are now delivering detailed Home Energy Scotland Employee Engagement Sessions which offer detailed advice and support on how to save money on home energy costs. These have been running throughout February and March 2023.

- Child Poverty specifically delivers Projects which will all mitigate and reduce Child Poverty. This Sub-Group are currently agreed on their Priority Projects from the 56 which have been agreed within their Action Plan which will have the most impact on Child Poverty at this time (approx. 8 projects). These will all be reported to our main Partnership for agreement during our Meeting on 15th March 2023.

- Our Annual Child Poverty Action Plan Report 2021-2022 has been submitted with all final amendments from both D & G Council and NHS Dumfries & Galloway to the Scottish Government for feedback and approval. Dedicated feedback on our Plan is due to be received shortly from The Improvement Service which will be fed back to our main Partnership.

- Actively participating in both the Remote - Rural - Island - Child Poverty Peer Support Network and also the recent Improvement Service Child Poverty, Employability and Early Learning and Childcare network event. This event highlighted the successful work which is being delivered within other Local Authority Areas of Scotland.

- A Cost of Living Website continues to be accessed by large numbers every month (full monthly figures will be provided at our next update) and additional information, projects and supporting mechanisms which are added to the various sections of our site.

- Delivery of Emergency Energy Payment Assistance Programme with all projects partners which is proving to be very beneficial to all residents within our Region who are struggling with fuel poverty at this time.

Where We Live
- Designing an Online Leaflet which highlights all of the Digital Connectivity Projects which currently operate within our Region and all of the support which each offer. This includes Digital Recycling Projects which offer donated products which have been reformatted and are available free of charge to anyone in need within our Region.

In terms of your existing Plan/Strategy what are the key activities/projects/initiatives ongoing which specifically contribute to the current priorities of the D&G Youth Council?

Involving Young People in Decision Making & Children's Rights
- The Tackling Poverty Reference Group now has a young person on its group. This young person is from Stranraer and is also a Youth Councillor and will act as the link between this work and the Youth Council.

Mental Health & Well-being
- Free Period Poverty Project in all Primary, Secondary Schools and Education sites provided access for young people so they can access free products with no stigma within any toilet cubicle in each of these locations. This also reduces costs at home as they can access as many products as they wish too with no need to request these form any location which can be the case in other Local Authority areas.

Climate Change & Environmental Action

- Through our Warm Winter Clothes & Free School Uniform Collection and Donation Points which are located across the whole of our Region, we are ensuring that a large number of clothing items which are both new and pre-loved are being offered to anyone within our Region who would benefit in receiving these. The Free School Uniforms in particular are beneficial for all young people as it offers free Uniform Top Up's at anytime of the year to ensure that they are not bullied at anytime and they can feel equal to all of their peers in class by having access to new / pre-loved clothes at all times. All of the clothes which are donated to this project are reducing our region's carbon footprint as they are not being taken to landfill.

Equalities inc. Awareness & Accessibility

- A new Equalities Online Training Module for all D & G Council Staff is due to be launched shortly which will be mandatory for all staff to complete within a two month period. This will be followed by additional In Depth Training Modules on all of the Protected Characteristics which will also be mandatory for all staff to attend. This Project is being delivered by our Dumfries & Galloway Council Poverty & Inequalities Team. This will further support the young people within our Youth Council as all D & G Council employees which they are supported by will have a clear understanding and in-depth knowledge on the subjects of Equalities and each of the Protected Characteristics.

- Support a range of Awareness Days throughout the year & have posted Social Media Messages through our Communications Team for all of the following during February and March 2023:
  - LGBT+ History Month February 2023: Behind the Lens - Claiming our past – Celebrating our present – Creating our future
  - International Women's Day – 8th March 2023 (Our D & G Council HQ will also be lit in purple to celebrate this day)
  - UNESCO's International Day for the Elimination of Racial Discrimination – 21st March 2023.

Lead Officers:
Mark Molloy, Service Manager, Dumfries and Galloway Council & Interim Chair of Dumfries and Galloway Poverty and Inequalities Partnership
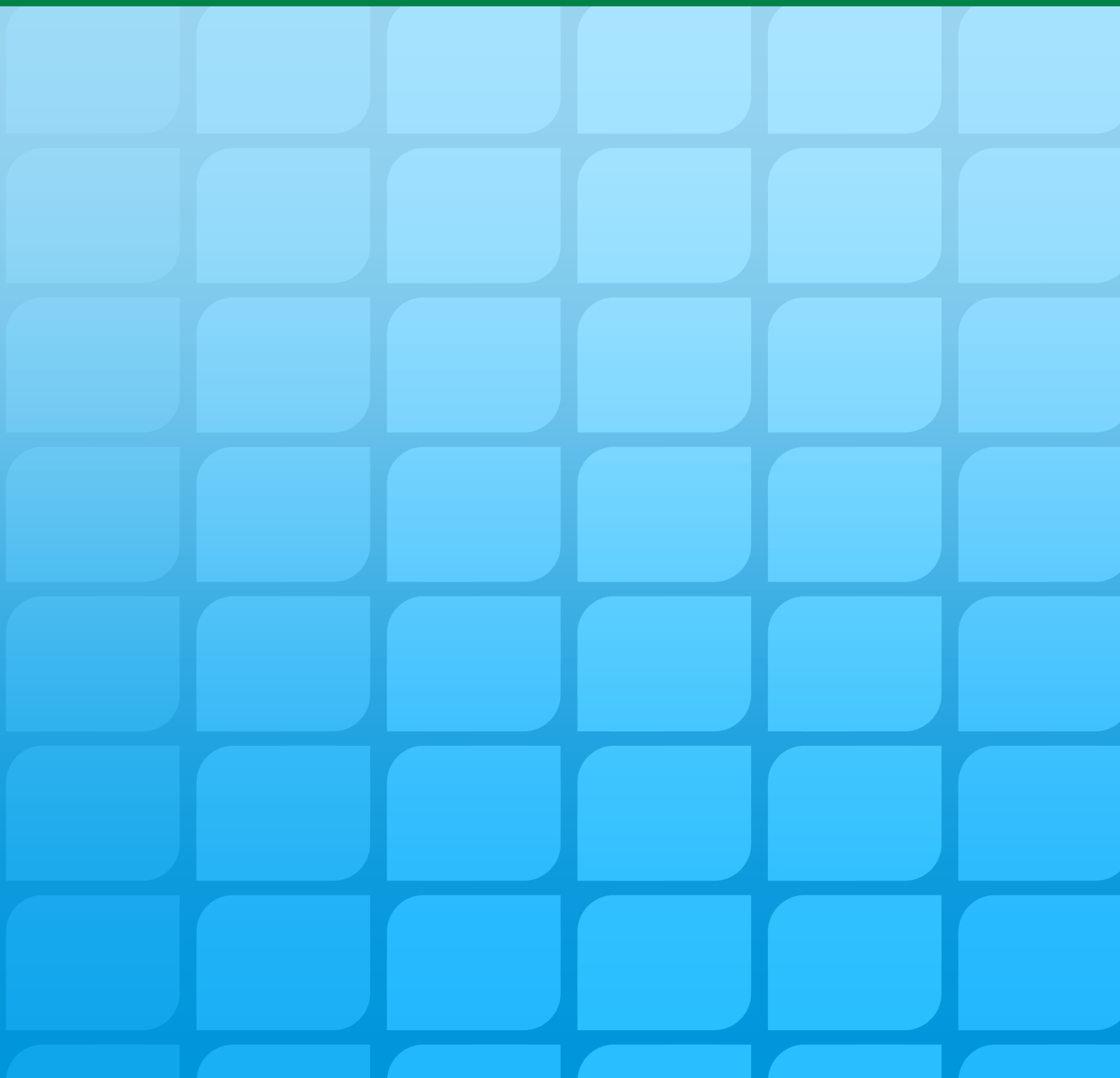**Wendy Jesson,** Poverty and Inequalities Development Officer, D & G Council

DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

HEALTH AND
SOCIAL CARE
ANNUAL
PERFORMANCE REPORT

WORKING TOGETHER FOR THE FUTURE OF HEALTH AND SOCIAL CARE

DUMFRIES AND GALLOWAY
Health and Social Care

2021/22

Contents

Foreword

There is no doubt that it is a challenging time for health and social care across the whole of Scotland, and in Dumfries and Galloway it is no different. The COVID-19 pandemic saw health and social care systems operating on an emergency footing for an extended period of time, with impacts being felt by the public, patients, staff, Carers and volunteers in very real terms.

This report demonstrates that throughout financial year 2021/22, Dumfries and Galloway often performed better than the Scottish average for a wide range of health and social care markers, and during this time, it was the power of our people that drove positive experiences. There have been extraordinary efforts from Carers, volunteers and health and social care staff across the entire Partnership, and the Integration Joint Board (IJB) would like to thank everyone for their drive and support to best meet the challenges we have faced.

However, this intense period of challenge has meant that outcomes for people have generally been worse than we are used to and must be improved moving forward.

As we look to the future, Dumfries and Galloway are adopting Scotland's health and social care approach to Remobilise, Recover and Redesign the services we provide.

Remobilising means bringing services back to full strength across all our priorities, to address the issues that have built up while we have been on an emergency footing.

Recovering means ensuring a balance between our ambitions for remobilising, whilst also allowing for the recovery of those who provide assessment, treatment, care and support.

Redesign means changing how we deliver services in Dumfries and Galloway, building on the strengths of integration, community resilience and the use of technology, to enable improved person centered experiences as well as long term sustainability of health and social care services.

The IJB, as the strategic commissioning body for health and social care across Dumfries and Galloway, has a key role in ensuring that the right services are remobilised and redesigned to enable the embedding of our model of care and support, and the delivery of the agreed Strategic Commissioning Plan 2022-2025. There will be tough times ahead, but the IJB is already reflecting on performance over the last year to help inform the way forward to meet the many challenges that we will face.

Thank you again to all involved in delivering health and social care across Dumfries and Galloway. It is through the actions of us all that we will achieve our vision of "People living happier, healthier lives in Dumfries and Galloway".

Laura Douglas
Chair of Dumfries and Galloway Integration Joint Board (IJB)
November 2022

Executive Summary

This report discusses the progress of the Partnership against the 9 National Health and Wellbeing Outcomes and the commitments contained within the 2018-22 Strategic Commissioning Plan (SCP). This is last performance report in this commissioning cycle.

The results from the Health and Social Care Experience (HACE) survey suggest that people are less happy with services. However, people in Dumfries and Galloway were more satisfied with health and social care services than the rest of Scotland.

The number of people accessing services is rising and the intensity of people's needs has grown. For example, the rate of falls has remained the same, yet more people are being admitted for hip fractures which require more intensive treatment.

More people are waiting for treatment, care and support, and they are waiting longer to be seen. Most waiting times standards are not meeting national targets as a consequence of the system pressures following the COVID-19 pandemic.

Our hospitals are badly affected by the pressures across the system. There has been an increase in planned operations being cancelled, people have had to share rooms designed for single occupancy, and record numbers of people have been delayed in hospital.

Unfortunately there have been some poor care home reports from the Care Inspectorate in the last year. There has been a team of people from the Partnership working together with providers to help sort out any areas for improvement.

Attracting people to work in health and social care and keeping them, remains a core challenge across the Partnership. Sickness absence reached record high levels in January 2022. People working in health and social care report low levels of personal resilience.

There continues to be financial pressures across all services. There has been a continued growth of agency and locum spend which is increasing the overall pay costs. A balanced position was only achieved by use of non recurring funding from Scottish Government through the NHS Board reflecting the significance of the underlying financial deficit.

There are many examples of innovative ways of working to ensure people continue to receive the care and support they need, whilst addressing the ongoing challenges.

- Each month our community health teams have been helping over 70 people while they wait for long term care and support at home.

- People who are still waiting for health appointments are being contacted to make sure the people most in need get seen first. Very few people have been waiting more than 18 months.

- We are developing better ways to care for and support people with a learning disability and autism.

- A Carers Hub has opened in Dumfries and Galloway Royal Infirmary in partnership with third sector organisations where Carers, families and staff can access advice and support.

- To address the experiences of people who work in health and social care from different backgrounds we have developed 4 staff equality networks.

- We have made greater use of video and telephone consultations to help reduce the risk of COVID-19 infections. These have saved over 1 million health miles.

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) (here) set a legal framework for integrating health and social care in Scotland. This legislation says that each health board and council **must** delegate some of their functions to new integration authorities. Additional health and social care services **may** be delegated should health boards or local authorities choose to do so.

The Integration Authority in this area came into existence in the form of Dumfries and Galloway Integration Joint Board (IJB) on 1 April 2016. Responsibility for the planning and commissioning of the majority of adult health and social care services was delegated from the Local Authority and NHS to this new body. This created a single integrated system for planning and commissioning some health and social care services locally.

As required by the Act all integration authorities must have a strategic commissioning plan (SCP). The IJB developed their SCP by consulting with and engaging a broad range of people. This included people who use health and social care services, Carers and people working in health and social care in statutory, third sector and independent sector. It set out the case for change, priority areas of focus, challenges and opportunities and commitments. The SCP can be accessed on the Partnership's website: www.dghscp.co.uk.

A new SCP was approved by the IJB on 10 March 2022 and covers the relevant period of April 2022-March 2025. Therefore, this Annual Performance Report is the last report relating to the old SCP and its Performance Framework.

Across Scotland, health and social care partnerships are responsible for delivering a range of nationally agreed outcomes. To ensure that performance is open and accountable, section 42 of the Act obliges partnerships to publish an Annual Performance Report (APR). This sets out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible.

Integration Authorities are usually required to publish their APR by the end of July each year. Due to the impacts of the COVID-19 pandemic on the services and supports that we provide, and on the staff and partners providing them, there has been limited capacity to produce and publish our report for 2021/22 to the usual statutory timescale. Therefore, in accordance with the Coronavirus (Scotland) Act 2020 (here), publication of the APR was postponed to the end of November 2022.

In the 2021/22 APR, we discuss the progress the Partnership has made against the 9 national health and wellbeing outcomes and the commitments contained within the SCP. The remaining sections report the results of any inspections in the year, any significant decisions made by the IJB and any review of the SCP.

Public Bodies (Joint Working) (Scotland) Act 2014
www.legislation.gov.uk/asp/2014/9/contents/enacted (last access 26 September 2022)

Strategic Plan 2022- 2025
https://dghscp.co.uk/wp-content/uploads/2022/03/IJB-Strategic-Commissioning-Plan-2022-2025.pdf
(last accessed 26 September 2022)

Coronavirus (Scotland) Act 2020
https://www.legislation.gov.uk/asp/2020/7/contents (last accessed 26 September 2022)

The 9 National Health and Wellbeing Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people. The 9 national health and wellbeing outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

People are able to look after and improve their own health and wellbeing and live in good health for longer

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

People who use health and social care services have positive experiences of those services, and have their dignity respected

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Health and social care services contribute to reducing health inequalities

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

People using health and social care services are safe from harm

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Resources are used effectively and efficiently in the provision of health and social care services

We have used the 9 National Health and Wellbeing Outcomes to structure this report. However, most the activity we have described contributes to delivering multiple outcomes. To find specific topics, please use the table of contents.

The Health and Care Experience Survey (HACE)

The Health And Care Experience (HACE) survey is a postal survey carried out every 2 years by the Scottish Government. This survey asks people about what happened to them and how they felt when they last used health and social care services. Across Dumfries and Galloway, a random sample of 13,700 adults were invited to take part in October 2021 and 4,565 responded. The response rate for the area was 33%. This is significantly better than for Scotland, where 24% of people responded.

Of the nearly 4,600 who responded, 700 identified as Carers (16%) and 380 (8.4%) people answered questions about their experiences of social care. The response rates for these groups of people in Dumfries and Galloway were the same as for Scotland. Both were higher than would have been expected in the general population, which is a positive observation.

Results of the HACE survey are publically available at partnership, GP cluster (locality) and individual GP practice level at this website:

www.publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2022/introduction/

9 questions in the HACE survey are used as National Core Indicators for health and social care integration. Throughout this report we include these and other helpful results from the survey to better understand our performance.

The symbols we use

Next to each infographic in this report there are 2 circles, like this: (A1) ⬤

The first circle shows the indicator number. Information about why and how each indicator is measured can be found in the Performance Handbook, which is available on the Partnership's website (dghscp.co.uk/performance-and-data/). Where there is a (+) instead of a number, the figures are not standard indicators, but additional information thought to be helpful.

The second circle shows red, amber or green colour (RAG status) and an arrow to indicate the direction the numbers are going in. We have used these definitions to set the colour and arrows:

⬤ We are meeting or exceeding the target or number we compare against

⬆ Statistical tests suggest the number has increased over time

⬤ We are within 3% of meeting the target or number we compare against

⬅➡ Statistical tests suggest there is no change over time

⬤ We are more than 3% away from meeting the target or number we compare against

⬇ Statistical tests suggest the number has decreased over time

1. Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer.

Early intervention and prevention are key to enabling people to maintain good health and wellbeing and in supporting people to manage existing long term conditions.

Looking after yourself can include eating healthily and getting enough exercise and sleep. We also think that spending time with people you like is important.

1.1 Key messages

✓ Just over 9 in every 10 people asked told us that they were able to look after their health "very well" or "quite well".

✓ 99% of people referred for drug and alcohol therapy were seen within 3 weeks.

✗ More people are visiting the hospital emergency departments and more people are waiting longer than 4 hours for their treatment to be completed.

✗ While the rate of falls has remained consistent, more people are being admitted for hip fractures requiring more intensive treatment.

1.2 Still Going Programme

The Partnership launched a new free smart phone app in January 2022 to encourage people to live active and independent lives. The LifeCurve App supports people to assess their ability to do daily tasks, anticipate changes and take action to improve or maintain their health and wellbeing.

During 2021 the app was tested in community health and social care settings including in care homes and with people with learning disabilities. 17 people were supported through our Activity Resource Centres (ARCs) to use the app.

Since its launch the LifeCurve App has been included in the NHS workforce action plan and the regional physical activity website.

1.3 Single Access Point (SAP)

The Single Access Point (SAP) for health and social care services across Dumfries and Galloway has been formed by bringing together:

- the community health Single Point of Contact for Nithsdale

- the Social Work Contact Centre

- the community alarm team, Care Call

The SAP enables people to be directed to the most appropriate support from across our partners, including third sector solutions.

The SAP receives an increasing number of referrals every month. In March 2022, there were **2,826** referrals compared to 1,949 referrals in March 2021.

How we are getting on: People's health and wellbeing
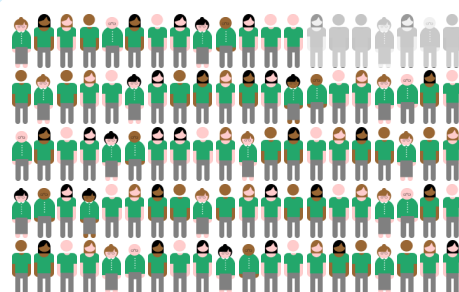
92% of adults surveyed from Dumfries and Galloway reported that they are able to look after their health well.

This result is similar to the result for Scotland, **91%.**

There was no real difference to the survey result for Dumfries and Galloway in 2019/20 (93%).

Source: Health and Care Experience Survey 2021/22 A1

1.4 Drug and alcohol waiting times

People seeking help with alcohol and drug dependency are able to access support services within Dumfries and Galloway. Specialist Drug and Alcohol Service (SDAS) and We Are With You are two services that people can be referred to.

Dumfries and Galloway Alcohol and Drug Partnership (ADP) are working to implement the Medication Assisted Treatment (MAT) standards. The first report of progress was made at the end of March 2022. Dumfries and Galloway showed similar level of progress compared to other parts of Scotland with partial or full implementation of the first 5 standards.

The ADP will continue to roll out Buvidal prescribing, which was established in 2020. This is a new first line treatment option for opiate dependence along side more established treatment options. A sustainable assertive outreach service will be established across the region with statutory and third sector agencies working together to deliver this.

How we are getting on: Alcohol and Drug Treatment Waiting Times

At the end of December 2021, **99%** of people waited no longer than 3 weeks from when a referral was received to when they received appropriate drug or alcohol treatment to support their recovery.

Nationally there is a target to see people referred for drug and alcohol services within 3 weeks. Dumfries and Galloway have consistently exceeded the standard for the last 5 years.

	Dec 2017	Dec 2018	Dec 2019	Dec 2020	Dec 2021
Dumfries and Galloway	98%	93%	94%	97%	99%
Scotland	94%	94%	95%	96%	91%

Target = 90%
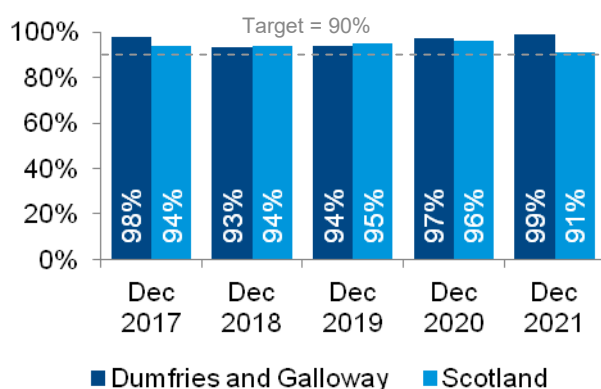
B14 Source: Public Health Scotland

1.5 Emergency Department performance

An important measure of how well people are able to effectively manage their health and wellbeing in the community is how often their health care occurs as an emergency. There will always be a need for emergency care, but wherever possible, our aim is to prevent or reduce the number of occasions where we are responding to crisis events.

In 2021/22 there were over 47,000 attendances at Dumfries and Galloway's 2 emergency departments. Dumfries and Galloway Royal Infirmary (DGRI) accounted for almost 35,000 of that total, with the remaining 12,000 at Galloway Community Hospital (GCH) in Stranraer.

At the height of the pandemic, the number of people attending the emergency departments went down by 26% compared to the year before. The number of people attending recently has returned to levels seen before the pandemic. However, during 2021/22, over 8,000 people waited for more than 4 hours to be treated with 274 people waiting over 12 hours. At DGRI, 41% of people who were delayed were waiting for a bed on a ward.

Delays in the emergency department are symptomatic of pressures across the health and social care system. We are addressing these challenges through a transformation programme looking at many different parts of people's journey through the system. For example:

- Scottish Ambulance Service providing enhanced community support
- Flow Navigation Centre booking attendances to manage the flow of demand
- Exploring interim care options in the community with independent sector and third sector providers

How we are getting on: Emergency Department

Proportion of people who visited the emergency department and were treated within 4 hours

Target = 95%

80%

72%

Scotland — Dumfries and Galloway
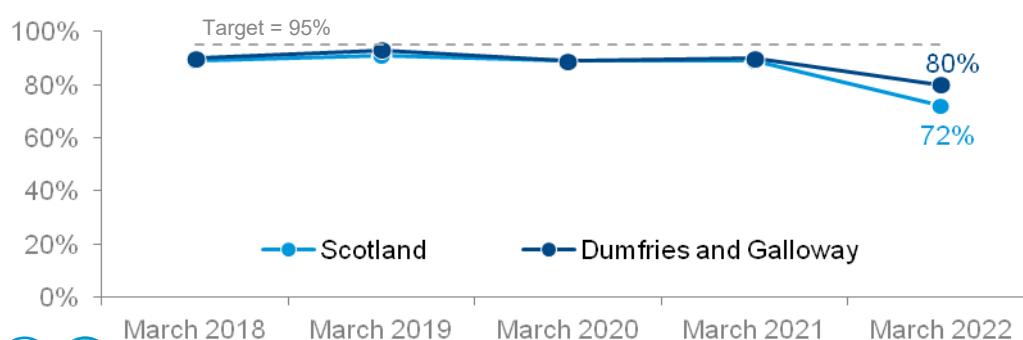
B19

Source: Public Health Scotland

Number of people who visited the emergency department (snapshots taken each March)

3,358   3,353   2,784   2,331   3,368

Dumfries and Galloway
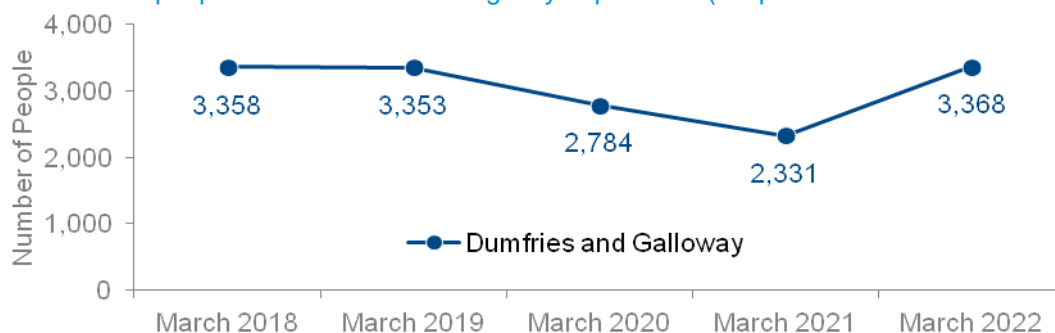
Source: Public Health Scotland

1.7 Falls

When people fall over they can sometimes injure themselves. This is more commonly seen in people who are frail and they tend to injure themselves more severely. Reducing the number of people that fall over will mean fewer people end up in hospital with injuries like fractured hips, legs or arms.

Harms from the COVID-19 pandemic come in different forms, not just from catching the virus. Social interventions like lockdowns have meant that some people have experienced prolonged periods of isolation. Isolation and loneliness is known to be linked to poor health and wellbeing. One of the measures we have looked at to understand the wider impact of social interventions is the number of hip fractures people have suffered. Hip fractures are serious and can be life threatening for people who are frail.

Although the overall rate of falls has not significantly changed, we have noticed an increase in the number of hip fractures in 2021/22 compared to the previous year. Looking at both of these measures suggests that while the number of falls has reduced, people who are falling down are having more serious injuries.

Evidence such as this suggests that people need more intensive treatment and support than they did before. This is creating a greater demand on our services.

How we are getting on: Falls

There has been no real change in the overall rate of people falling across Dumfries and Galloway over the last 5 years. For example, the rate in 2020/21 was 20.0 per 1,000 population aged 65 and over. However, the rate in Dumfries and Galloway continues to be lower than the overall rate for Scotland (22.7 per 1,000 population aged 65 and over in 2021/22).

Hospital admission for falls per 1,000 population aged 65 and over in Dumfries and Galloway in 2021/22

19.8(p)

A16

Source: Public Health Scotland (2022) (p) provisional result

1.8 Let's Motivate

Let's Motivate is a physical activity programme developed in Dumfries and Galloway over the last 5 years. People who work with older adults or those with long term conditions have been trained to deliver physical activity sessions. The programme has been endorsed by Scottish Care and Age Scotland. To date, over 4,000 sessions have been delivered through day centres and community groups. An evaluation of the programme conducted in partnership with Glasgow Caledonian University found that:

- More older adults met the arm strength, balance and coordination guidelines
- People's wellbeing improved

2. Outcome 2

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

People's care needs are increasingly being met in the home or in a homely setting in the community. The way that care and support services are planned and delivered has started to reflect this shift.

There are a number of ways that the Partnership is working towards enabling people to live as independently as possible in a homely setting. Care Services within communities have opened again and are helping people to get out more and feel less isolated after COVID-19 restrictions.

2.1 Key messages

✓ More healthcare support workers have been recruited to help people in the community.

✓ More people are choosing to arrange their own care at home support through Self Directed Support (SDS) Option 1.

✓ 8 out of every 10 people who took part in the HACE survey agreed that they are supported to live as independently as possible.

✗ A snapshot at the end of March 2022 showed that there were 319 people waiting for a long term care package. Each month our community health teams have been helping over 70 people while they wait for long term care and support at home.

2.2 Care at home

To enable people to live, as far as reasonably practicable, independently at home we deliver a range of services to support them.

The demand for care at home services has increased during the COVID-19 pandemic. At the end of March 2022 there were:

- 2,745 people receiving care at home funded by the Partnership

- 42,628 hours of care were delivered per week by our independent sector and third sector partners, and our in house Care and Support Services team (CASS)

At the end of March 2022, 319 people were waiting for care at home totalling 3,118 hours per week of care. 50 of these people were delayed in hospital and over 70 people were being supported by other resources deployed from other areas of the statutory community services. The remainder of these people rely on the support from loved ones and third sector organisations in their communities while they wait. Senior social workers regularly assess, monitor and prioritise people waiting for care by their level of need and risk.

Between January and March 2022 the Partnership tested a different funding model for care at home with some providers in the region. This test looked at paying providers in advance to see whether or not this increased flexibility and enabled them to care for more people at home. An evaluation of the test found that the change made no difference as this did not address the underlying challenge of recruitment.

We have been working with care at home partners, care home partners, and Scottish Care to support them with recruitment events across Dumfries and Galloway.

How we are getting on: Care at Home

Dumfries and Galloway 2021

72%
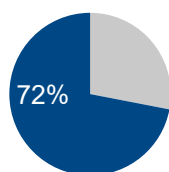
72% of adults with long term care needs receive care at home.

A18 ⬌ Source: Public Health Scotland

Dumfries and Galloway 2020

71%
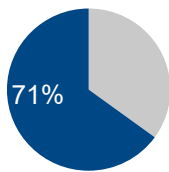
This proportion has not changed across Dumfries and Galloway since 2020.

Scotland 2021

65%
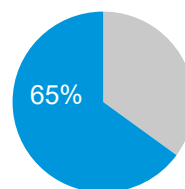
Dumfries and Galloway supports more people with long term care needs at home compared to Scotland.

Here are some more things we look at to help us judge if we have made progress towards achieving national health and wellbeing outcome 2.

On average, during the last six months of life, people spend

90%

of their time at home or in a homely setting.

A15 E5 ⬌ Source: Public Health Scotland

■ Dumfries and Galloway
■ Scotland

	2017/18	2018/19	2019/20	2020/21	2021/22
Dumfries and Galloway	88%	88%	87%	89%	90%
Scotland	88%	88%	88%	90%	90%
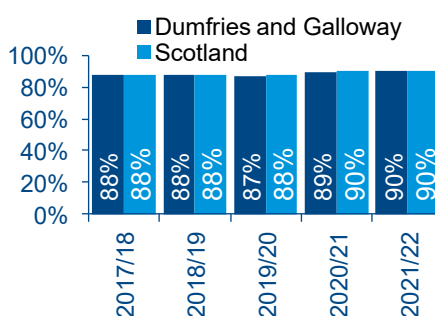
480

The number of homecare hours provided per 1,000 people aged 65 or older compared to 572 in March 2021.

C8 Source: Dumfries and Galloway Council (March 2022)

2.3 Interim Care

Interim care arrangements are used to help vulnerable people leave hospital or support them while long term care arrangements are put in place. Options for interim care can include (figures for the end of March 2022):

- Temporary support from Home Teams (63 people)
- Rehabilitation and reablement (14 people)
- Temporary placements in care home (7 people)

We have hired additional Healthcare Support Workers to work in Home Teams. Home Teams also include practitioners who provide rehabilitation, reablement, community nursing and social work services. Together the Home Teams will provide community based assessments and interim care in people's own homes. So far we have not made the best use of interim care placements in care homes.

2.4 Oversight groups

Oversight Groups were established during the COVID-19 pandemic to support our care homes and care at home providers. These groups have remained in place as we recover and remobilise. The groups maintain an overview of pressures in our care sector and seek assurance on our operational responses to these, such as:

- Supporting recruitment of people to work in care
- Allocating resources to eleviate pressures
- Developing new care services to support people within the community
- Overseeing quality improvement activities

How we are getting on: Co-ordinated Care and Support
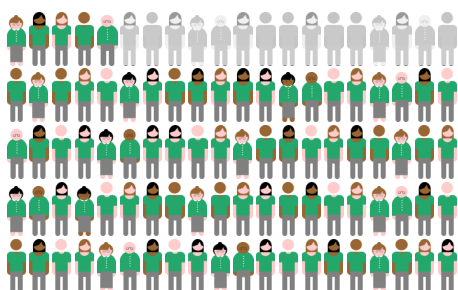
70% of adults supported at home surveyed from Dumfries and Galloway reported that they are supported to live as independently as possible.

This result is higher than the rate across Scotland which is **65%.**

The results is lower than the survey in 2019/20 for Dumfries and Galloway (81%).

A2

60% of adults supported at home from Dumfries and Galloway agreed that their health and social care services seemed well co-ordinated.

This result is higher than the rate across Scotland which is **54%.**

There is no real change to the survey in 2019/20 when the result for Dumfries and Galloway was 76%.

A4

Source: Health and Care Experience Survey 2021/20

2.5 Technology enabled care

The most widely used technology to support people to live safely and as independently as possible is telecare. We call our telecare service 'Care Call'. It involves a wide range of alarms and sensors linked to a response centre using a person's telephone line. The response centre is open 24 hours a day, 7 days a week. Of the 3,600 people who use the basic Care Call unit, around 1 in 3 have additional assistive technology options.

The proportion of people who are supported at home and have telecare has remained steady at about 75% (compared to a local target of 73%). However, during 2021/22, the Care Call service typically managed over 12,000 calls each month which is higher than in 2019/20 when the average was 10,000 calls per month. Approximately 10% of calls are for emergencies. The majority of calls are used to provide reassurance for people.

We are testing new technology to help people to live independently at home or in a homely setting. During 2021/22 we have used more Assistive and Inclusive Technology (AIT) to support people with their care needs in line with the IJB's Digital Health and Care Strategy.

Just Checking's Roaming Night AIT was first tested in 2019.This helps support adults with learning disabilities to stay safe overnight using remote monitoring. The initial rollout was delayed due to the COVID-19 pandemic, however recently this technology has been successfully used to support people with disabilities reducing the need for waking overnight support.

The Advanced Risk Model for Early Detection (ARMED) is a wearable device that can help people to maintain and improve levels of physical activity by tracking behaviours and activity levels. In partnership with Loreburn Housing Association, ARMED was tested by 72 older adults to see if it could help prevent falls however, the results were not clear. Instead, the tests found that ARMED encouraged people to be more active, especially when used as part of an existing treatment (such as with community pulmonary rehabilitation).

During COVID-19 the use of digital technologies increased substantially, enabling people to access health and care while reducing or altogether avoiding the risk of infection. It is important that we learn from people's experiences of this to effectively maintain and build on these changes.

Virtual appointments **saved** just **over 1 million health miles** in 2021/22. This is the equivalent of **20 fewer** round trips from Dumfries to Stranraer per day.

Out of the **334,000** outpatient appointments in 2021/22 there were:

- **17,700** video appointments
- **57,600** telephone appointments

Meaning **23%** of all appointments were virtual.

Video and telephone appointments are still widely used across the Partnership for example in GP practices, for outpatient appointments, and mental health services. Although face to face appointments have restarted, using video and telephone appointments remains an option for people, potentially saving thousands of travel miles.

Another example of technology we use is a text message service called Florence. We use the system to support people to do their blood pressure monitoring, medication reminders, quit smoking (Quit Your Way) and improve their mental health (Beating the Blues). Around 350 people signed up to monitor their blood pressure remotely in 2021/22, and 23 signed up for medications reminders.

There is potential for many more people to use all of our virtual tools. This could have a substantial impact on reducing time and costs associated with people accessing health and social care.

Reflections on Care Homes

Care homes support nearly 1,000 people to live in a homely setting with additional support. People working in care homes have been under a lot of pressure over the past year, caring for some of our most vulnerable people in an environment of heightened physical and emotional demands.

Key messages

✓ We have a tactical team that supports care homes to keep people safe.

✓ People living in care homes were given priority for COVID-19 and seasonal flu vaccines.

✗ Some of our care homes have had poor ratings from the Care Inspectorate. The Partnership is providing support to help them improve.

✗ One of our care homes closed in September 2021. The Partnership supported people living their to find new care home places in the region.

During the COVID-19 Pandemic our local care homes, like their counterparts across the country, had to adapt how they cared for and supported their residents to ensure they remained as safe as possible in the most difficult of circumstances.

Our Care Home Oversight Group (CHOG), chaired by our Chief Officer and made up of our most senior Health and Social Care Professionals, was established to ensure the required changes were delivered safely, effectively and at pace. In doing so, we created a Care Home Tactical Team (CHTT) to provide support directly to local care homes and to offer assurance to our CHOG on the extent to which change was being delivered.

Even with this support in place the scale of the changes required, coupled with the extraordinarily challenging nature of supporting residents' health and wellbeing during the Pandemic, has taken its toll. Many experienced staff have left the profession and those that remain are exhausted and still adjusting to new ways of working.

While we continue to have many care homes who perform very well and receive good grades through the independent inspections undertaken by the Care Inspectorate, we have unfortunately seen some who have experienced reduced levels of performance.

Our CHOG remains in place and continues to meet weekly to understand the good practice that continues to be evident locally, along with where there is room for improvement. In doing so, CHOG directs support from our CHTT and wider community teams to help local care homes deliver and sustain any required or recommended improvements.

Unfortunately, in the last year we saw the closure of a local care home and we recognise the impact this has had on its former residents who we supported to find new, alternative care home placements. We are also aware of the impact that this has had on the availability of places locally. We are actively working with care home owners to develop more capacity within the sector to ensure we continue to meet the needs of local people in the future.

We are fully committed to securing high quality care home placements for those who need them now and in the future. That is why we will maintain our CHOG and CHTT into the future and enhance their capability and capacity as necessary to ensure our care homes receive the support they need to help people live as full, active and healthy a life as possible.

Sadly, on the 20 December 2021, one of our care homes with 45 beds closed its doors. The Partnership brought in extra people to support the care home and the people living there while different options were explored. We had hoped someone else would be able to take over the business, but it was impossible to keep the care home open. The process of closure lasted 3 months while people were supported to transfer to a new home.

A report after the closure highlighted the impact on people living and working at the care home. The vast majority of the staff did not want to leave their jobs despite having been through an extremely stressful time. They were hopeful that a new long term provider would be found, and they would continue with their work supporting people they knew well. Of those who left to find alternative employment, some chose to leave health and social care all together.

The closure of the care home was very traumatic, distressing and heart breaking for the people living there, their families, friends and advocates. A few people were unaware of what was going on around them, although the sudden introduction of new staff and different ways of working was likely to have been very unsettling for most. People, who had full understanding, reported that the process had been devastating. The care home staff reported that this was distressing to witness.

What people tell us: Peggy's story

When Peggy's husband died a few years ago, Peggy soon realised that she was struggling to cope on her own. Having no children, Peggy consulted with her niece (her next of kin) and her friend. Together they reached the decision that Peggy would sell the marital home and move into residential care. Peggy, her niece and friend took a tour of local care homes and, after a bit of deliberation, agreed that Peggy would move when a room became available. Peggy chose this residence to be her home, moreover she chose it to be her final home.

Aged 96, Peggy was very aware of all the changes that were happening around her and spoke about it with everyone who entered her room. The care home Peggy had chosen was closing. She found it unsettling to start with and this worsened as the weeks passed. Peggy had full capacity to understand and make her own choices. At first she thought the home closing would never come, but when she realised that it would, she became clearly distressed. She struggled to eat and sleep, her mood dipped, and she became anxious and confused. Peggy was very clear that she felt she was being taken out of her home against her will; the home she had chosen to be her last. Peggy was supported to settle into her new home.

Inspection of Services

Health and Social Care services delivered by statutory and non statutory providers in Dumfries and Galloway are regularly monitored and inspected in a range of ways to give assurance about the quality of people's care. The Partnership is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high quality care that meets their needs, rights and choices.

Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.

In addition to inspections, the Partnership's commissioning officers also apply contract monitoring processes to services commissioned to deliver health and social care on behalf of the Partnership.

During 2021/22 there were 2 reports published relating to hospital care. There were 17 inspections relating to adult services undertaken by the Care Inspectorate. The aim is to have all regulated services graded at good or above (scores 4, 5 or 6).

Unfortunately there have been some poor care home reports from the Care Inspectorate in the last year. There has been a team of people from the Partnership working together with providers to help sort out any areas for improvement. All our providers are working hard to deliver the best possible care and support. Progress on the action plans against the requirements and recommendations made for services during inspections continue to be supported and monitored by the Partnership's oversight groups.

80% of care services in Dumfries and Galloway were graded Good (4) or better in Care Inspectorate inspections during 2021/22.

This is lower than the rate across Scotland which is **84%.**

This is similar to the result in 2020/21 when the figure was **78%**

A17 Source: Public Health Scotland

Healthcare Improvement Scotland Inspection reports

Lochmaben Hospital - March 2021 (report here)

The inspectors noted areas where NHS Dumfries & Galloway is performing well and where we could do better, including the following:

- The standard of environmental cleanliness was very good.
- Very good compliance with completion of mandatory education by nursing staff.
- Good documentation of patients likes and dislikes.
- Must ensure that all patient equipment is effectively decontaminated.
- This inspection resulted in 8 areas of good practice and 1 requirement.

Dumfries and Galloway Royal Infirmary (COVID-19) - June 2021 (report here)

The inspectors noted areas where NHS Dumfries & Galloway is performing well and where we could do better, including the following:

- Staff were available at all the hospital entrances to provide guidance and directions to visitors.

- A good range of resources was available to support staff wellbeing.

- Domestic staff must have sufficient cleaning equipment to perform their duties.

Joint Inspection of Adult Support and Protection in Dumfries and Galloway - November 2021 (report here).

The Care Inspectorate lead this joint inspection of adult support and protection in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The inspectors concluded the Partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Link to latest Care Inspectorate report	Date of report	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Affinity Trust - Care at Home and Housing Support Service Combined	14/12/2021	4 Good	N/A	N/A	N/A	N/A
Affinity Trust - Housing Support Service	14/12/2021	4 Good	N/A	N/A	N/A	N/A
Allanbank	15/03/2022	3 Adequate	N/A	N/A	N/A	N/A
Briery Park	13/01/2022	2 Weak	2 Weak	N/A	3 Adequate	N/A
Carlingwark House	26/01/2022	4 Good	N/A	N/A	N/A	N/A
Charnwood Lodge	16/03/2022	3 Adequate	N/A	N/A	N/A	N/A
Cumloden Manor	15/03/2022	3 Adequate	N/A	N/A	N/A	N/A
Dalawoodie	15/02/2022	1 Unsatisfactory	1 Unsatisfactory	1 Unsatisfactory	2 Weak	1 Unsatisfactory
Divine - Housing Support Service	11/11/2021	4 Good	N/A	N/A	N/A	N/A
Divine - Support Service	11/11/2021	4 Good	N/A	N/A	N/A	N/A
Fleet Valley	08/09/2021	3 Adequate	N/A	N/A	N/A	N/A
Guardian Response - Stranraer	09/11/2021	4 Good	N/A	N/A	N/A	N/A
Lydiafield	13/01/2022	2 Weak	N/A	N/A	N/A	N/A
Mountainhall Day Care	01/12/2021	4 Good	4 Good	N/A	N/A	N/A
Queensberry	29/03/2022	3 Adequate	3 Adequate	N/A	N/A	3 Adequate
Singleton Park	23/07/2021	2 Weak	1 Unsatisfactory	2 Weak	2 Weak	N/A
Westfield	04/06/2021	3 Adequate	3 Adequate	3 Adequate	N/A	3 Adequate

3.   Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

Understanding people's experience of our services offers us valuable insight in to what we are doing well and where we can improve. There is a range of ways that people can give feedback about their experiences of health and social care; by post, webform, email, social media, phone or via ContactScotland BSL. People can speak to us face to face during appointments, events or meetings, or virtually over video calls. If people require support to contact us, or do not wish to speak to us direct, they can use the Patient Advice and Support Service or Care Opinion to share their feedback.

3.1 Key messages

✓ People in Dumfries and Galloway were more satisfied with health and social care services than the rest of Scotland.

✗ However, results from the HACE survey suggest that people are less happy with services than before the COVID-19 pandemic.

✗ There has been an increase in complaints compared to last year and meeting statutory time scales has been challenging.

3.2 Understanding people's experience

The emergency response to the COVID-19 pandemic meant that many services had to change how they supported people. The HACE survey was carried out while the emergency response was still happening and this is likely to have had an impact on people's responses. Despite this, most of the results for Dumfries and Galloway were better than for other areas of Scotland suggesting that people were happier with health and social care services than the rest of Scotland.

Our GP practices were also still seeing the most critically ill people and continued to do home visits throughout the lockdowns. For instance, GP home visits continued for people who needed end of life support. The example practice we worked with saw only 2.5% reduction in the number of consultations during the first wave. Despite the wide range of communication to people, feedback from the public was that they had the perception that GP practices were closed. We recognise that communication about what was going on in GP practices could have been improved.

How we are getting on: HACE survey

62% of adults supported at home surveyed from Dumfries and Galloway agreed that they had a say in how their help, care or support was provided

This result is higher than the rate across Scotland **55%**.

This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **76%**. (A3) ⬇

68% .of adults supported at home surveyed from Dumfries and Galloway rated their care as excellent or good.

This result is higher than the rate across Scotland **62%**.

This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **80%**. (A5) ⬇

75% of all adults surveyed from Dumfries and Galloway had a positive experience of care provided by their GP practice.

This result is higher than the rate across Scotland **67%**.
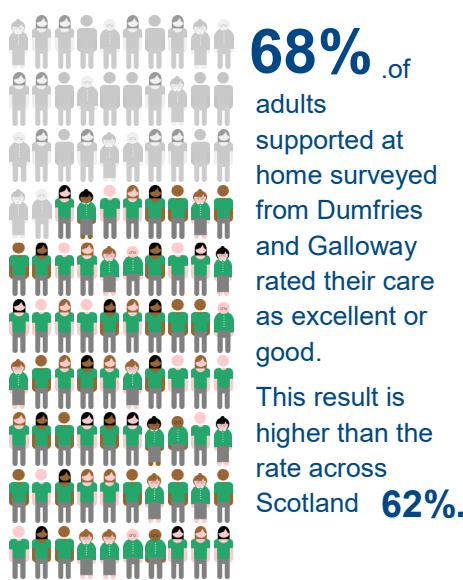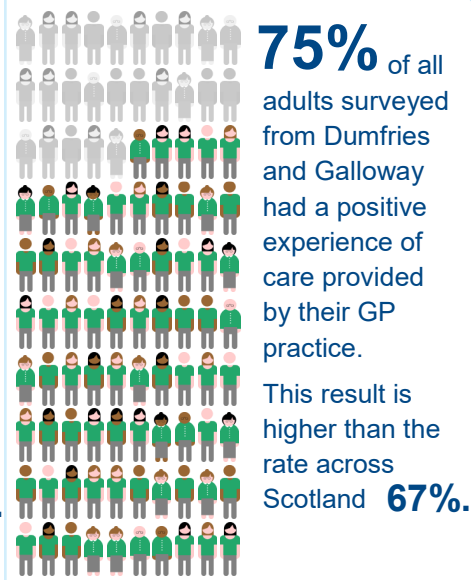
This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **84%**. (A6) ⬇

Source: Health and Care Experience Survey 2021/22

95% of GP practices in Dumfries and Galloway provide 48 hour access or advance booking to an appropriate member of the GP team in 2020/21. This result is higher than Scotland (89%) and higher than the national target of 90%.

The latest result for Dumfries and Galloway is also a recovered position from the previous year, when the rate was 74% across the region.

Dumfries and Galloway
0%   95%   100%
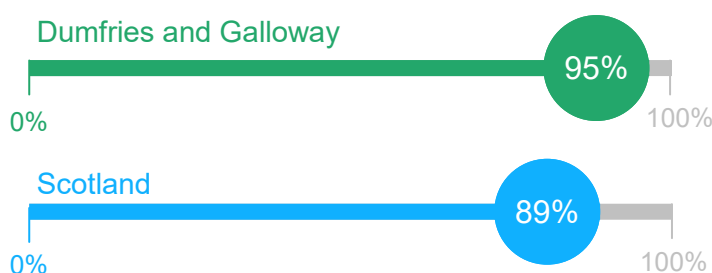
Scotland
0%   89%   100%

(B17) ⬆ Source: Public Health Scotland

3.2 Learning from complaints and feedback

Feedback from people who use our services provides a valuable opportunity to learn.

During 2021/22, 138 compliments for excellent care and treatment were recorded by NHS Dumfries and Galloway and 13 by Adult Social Work Services. This is in addition to the hundreds of thank you cards and messages received by teams directly.

The complaints handling procedure enables us to identify opportunities to improve services across Dumfries and Galloway. By recording and using complaints information in this way, we can identify and address the causes of complaints and introduce service improvements. Learning from complaints is a key part of the Scottish Public Service Ombudsman's (SPSO) criteria in relation to the handling of complaints.

The SPSO's Model Complaints Handling Procedure was introduced in April 2017. This procedure sets statutory timescales for all public services to respond to complaints and has 2 stages:

> Stage 1 focuses on the early resolution of complaints
>
> Stage 2 provides an opportunity for detailed investigation of the issues raised

NHS Dumfries and Galloway received 436 new complaints during 2021/22. This is an increase on the previous year, 323 complaints in 2020/21, but remains below the 500 complaints received in 2019/20, the year before the pandemic.

Adult Social Work Services received 18 new complaints during 2021/22. This was slightly higher than before the pandemic when in 2019/20 there were 13 new complaints received.

Across the Partnership, the statutory timescales for responding to complaints have regularly not been met. Teams are finding it challenging to address the backlog of complaints and give each case the attention it deserves.

Learning is one of the key outcomes people seek when they complain. They often tell us that they want to ensure the organisation improves as a result. Services are encouraged to identify learning from all upheld and partially upheld complaints. For complex complaints, multi disciplinary meetings are organised to enable whole teams to understand the complaint and identify learning.

Some of the key lessons identified in 2021/22 include:

- A number of people told us that the CRISIS service in Mental health could improve how they engage with families in situations where a person has the capacity to manage their own health and wellbeing. A communication plan has since been developed to address the areas of improvement identified by families, including highlighting the role of Power of Attorney and Guardianship.

- Families told us that they were having difficulty when trying to reach people in hospital wards by telephone. A new process for outside calls has since been introduced where calls are now directed to the ward clerk in the first instance.

- Some people told us that the attitude of some staff had been unsatisfactory during telephone conversations. We have provided training for staff to improve their understanding of why challenging situations can occur, the most appropriate ways to behave during these situations, and improve communication.

- People told us that regular contact, even when there was no news, was important. In particular, phone calls not being returned and correspondence not being acknowledged. Teams have been reminded that even when it is not possible to provide any information due to confidentiality, or because there has been no update, it is important to maintain good communication.

The Partnership is developing a Participation and Engagement Strategy to further support how we listen to people's views, learn from people's experiences, and include people in how we design and improve services.

Care Opinion is an online approach which enables people to provide and view feedback about health and social care services. When a story is added to Care Opinion the relevant team is alerted so that they can view the feedback and respond as required. The majority of stories are positive. However, when a story is critical, the author is invited to make direct contact so that further advice and support can be provided to resolve any issues raised.

During 2021/22 there were:

- 56 stories about services in Dumfries and Galloway were shared on the Care Opinion website
- these stories were read 14,446 times
- teams replied to 95% of stories
- 64% of stories shared were positive
- 14% of stories shared were significantly critical

A more detailed report on all the feedback received by NHS Dumfries and Galloway and the learning from these is available on the NHS Dumfries and Galloway website.

4. Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The way that we work with people from Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining independence and quality of life. Often people can be supported by signposting to local groups, third sector and independent sector services in their community without needing formal support from adult social work services. For people who need support from adult social work services we apply a personalised approach (Self Directed Support) in all cases.

4.1 Key messages

- ✓ We are developing better ways to care for and support people with a learning disability and autism.

- ✓ 7 out of every 10 people asked agreed their services and support had an impact on improving or maintaining their quality of life.

- ✗ In March 2022, on average there were 79 people on any given day delayed in hospital who were ready to go home but couldn't.

- ✗ Compared to the rest of Scotland, fewer people in Dumfries and Galloway choose to manage their care and support through Self Directed Support (SDS) options 1 and 2.

4.2 Supporting people with complex needs

Scottish Government describes complex needs as people who have a learning disability and in addition may also have autism, a mental health diagnosis or demonstrate challenging behaviour.

The Partnership is working with people with complex needs, their families, Carers, independent providers and third sector providers to coproduce a local plan, in line with the national strategy, to meet their needs in Dumfries and Galloway.

Areas of work already underway or have been completed include:

- Mapping the needs of people with complex conditions both in Dumfries and Galloway and the people currently placed out of the region, to inform the planning of services. The plan is also considering how young people transition from children's to adult services.

- Establishing a Positive Behaviour Support post to develop and promote good practice.

- Building new housing developments to support people with complex needs in Dumfries, Lockerbie and Annan.

- Developing procedures to support people with complex needs to access hospital services.

Shared Lives Placement: Harry's Story

Shared Lives is where a person, known as a Shared Lives Carer, shares their family home with someone who needs care and support and includes them as part of their family. People who need support are matched to Shared Lives Carers through a scheme regulated by the Care Inspectorate. Evidence from across Scotland has shown that these placements can support people to thrive and substantially improve their quality of life. Here is Harry's story:

Harry, 25, who has a learning disability, has lived with Alison, a Shared Lives Carer and her family, for 4 years. He describes his life before he moved in with Alison as "terrible. I didn't think I was going anywhere". He had been placed in care at a young age but had had little stability. The experience of frequently being moved had left him angry, frustrated and distrustful of professionals. Harry had spent several months sleeping rough where he was vulnerable to exploitation and exposed to substance misuse. He was very unhappy and had developed a reputation for aggressive behaviour.

As soon as Alison welcomed Harry into her home, she saw how positively he responded to being in a stable, secure family environment. From the start, his behaviour towards Alison and her family was 'the height of respectful'. Over time, Harry learnt to trust Alison.

The impact has been transformational. Harry's health improved quickly. He has been able to achieve a healthy weight and the tics, seizures and blackouts he had been experiencing disappeared and were diagnosed as symptoms of his earlier lifestyle. His drug and alcohol use stopped, and he gave up smoking.

Alison recognised Harry's sporting potential early on. She encouraged him to pursue swimming, tennis and football. Harry excelled and his talent and dedication has enabled him to travel throughout the UK, competing at a national level.

When he is not training, Harry works at The Usual Place café in Dumfries, where he is completing SVQs. He has made many firm friends and now mentors other young people with additional support needs.

Alison says that "taking Harry into my life as part of my family, I think it's one of the best things I've ever done in my life. And, honestly, he's given so much back.

"He has never let me down, from day one. Knowing where's he's come from, and knowing where he was right at the beginning, and knowing that I've had a part in that, I feel privileged. I love him to pieces and I'm so proud of him".

4.3 Maintaining quality of life

Helping people who need care and support to continue doing things they want to or enjoy doing is a key priority for our health and social care services. Quality of life can be improved through direct support such as care at home or by signposting to other organisations that provide specific services.

An indication of how well we do is through a question asked in the HACE (see page 8) survey. While we remained higher than compared to Scotland this number is a decrease from the previous survey in 2019/20.
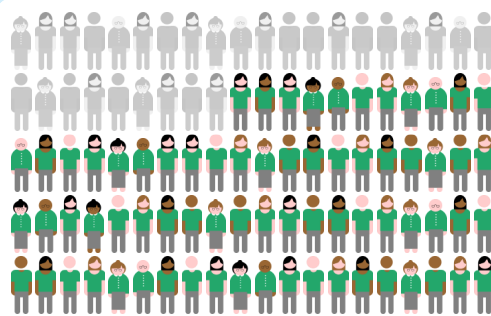
71% of adults supported at home from Dumfries and Galloway agreed that their services had an impact on improving or maintaining their quality of life.

This result is higher than the rate across Scotland which is **62%.**

This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **82%.**

A7 Source: Health and Care Experience Survey 2021/22

4.4 People delayed in hospital

It is important for people's quality of life that they are discharged from hospital in a safe and timely way. There are risks to staying too long in hospital, including potential infections and becoming less physically able. There are a number of different reasons why people may become delayed in hospital including:

- waiting for guardianship to be established
- waiting for available social care arrangements including care at home and care home places
- deterioration in health
- family related reasons
- waiting for available beds in other NHS facilities

In April 2021 the average number of people delayed in hospital (excluding people waiting to be transferred between hospitals) was 29 per day. By March 2022 this had sharply increased to an average of 79 per day. The Partnership experienced challenges around people delayed in hospital before the pandemic however these most recent results show that there are even more people delayed than there were pre COVID-19.

The consequences of this number of people being cared for in the wrong setting has resulted in:

- Cancelling planned operations (see section 7.5)
- Deploying emergency measures to manage hospital occupancy such as doubling up people in single rooms
- Preventing us stepping down from our COVID-19 response
- Delaying people in the emergency department (see section 1.5)

4.5 Self Directed Support

Self Directed Support (SDS) puts people in control of organising and managing their own care. Since the introduction of SDS in 2013, people are supported through self assessment to develop personal plans. These plans build on people's existing supports and can be implemented through community and health and social care resources. There are 4 SDS options with different levels of control:

Option 1 – People take control of purchasing and managing their own care and support

Option 2 – People choose an approved organisation they want to be supported by and the Partnership provides funds directly to the organisation, leaving the individual free of dealing with the money

Option 3 – People choose for social work services to arrange and purchase their care, the individual has no control over which organisation provides their care

Option 4 – People choose more than one of the options above

The Partnership aims to ensure that people are supported to make informed decisions about the best option to meet their needs. To support this, the third sector independent advocacy service is available to people using SDS.

In Dumfries and Galloway option 3 is typically the most popular. There has been an increased proportion of people opting for option 1 during 2021/22 however this is still lower than when compared with Scotland.

A snapshot taken at the end of March 2022 showed that, in total, **2,745 people** were receiving care at home supported through Self Directed Support (SDS)

467 (17%) people have chosen to organise their own support (SDS Option 1)
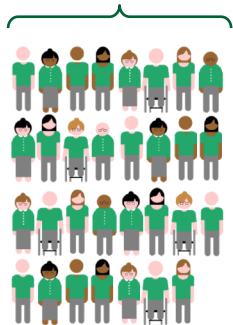
33 (1%) people have chosen an organisation to arrange their support (SDS Option 2)

2,242 (82%) people have chosen to have their support organised by health and social care services (SDS Option 3)
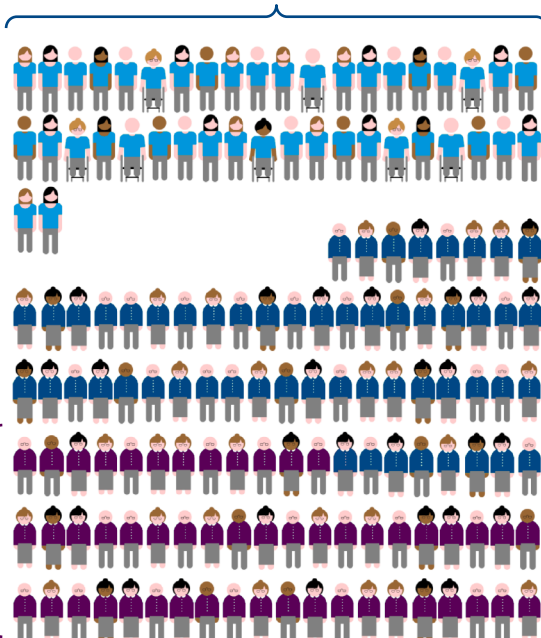
620 people receiving SDS Option 3 are aged under 65

1,622 people receiving SDS Option 3 are aged 65 or older

779 people aged 65 or older receiving SDS Option 3 have 10 hours or more care per week

C2 C3 C4 C6 C7 Source: Dumfries and Galloway Council (31 March 2022)

= approximately 15 people

5. Outcome 5

Health and social care services contribute to reducing health inequalities.

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty. People from minority communities or with protected characteristics (such as religion or belief, race or disability) are known to be more likely to experience health inequalities.

5.1 Key messages

✓ A survey on digital access showed that 94% of people in Dumfries and Galloway have access to the internet.

✗ Support to stop smoking is available but more women from Dumfries and Galloway still smoke while they are pregnant compared to women across Scotland.

✗ Pregnant women in our most deprived communities had the lowest rate of early antenatal booking across Scotland.

✓ To address the experiences of people who work in health and social care from different backgrounds we have developed 4 staff equality networks.

5.2 Tablets and digital access

Building on desk-based research into digital exclusion carried out in 2020, Third Sector Dumfries and Galloway (TSDG) surveyed local people known to third sector organisations, to test if national research reflected people's experiences here. 898 people responded to the survey, which resulted in the following conclusions:

Access – Only 6% of people answering the survey have no internet. Instead, the concern is quality of access. Issues include connectivity (speed and reliability seen as average to poor by 42%), the age and quality of the devices they use, the cost of broadband and their right to choose whether they consume services and transactions online or otherwise.

Motivation – This is now the main barrier. 19% of people have no desire to do internet transactions. There are many people who know how to but don't want to use online services and many who have no intention of learning to use them. There are still strong preferences for face-to-face services and getting friends and family to undertake transactions.

Skills – The issues around skills are not about providing training courses. Only 1.2% of people are willing to learn to use services and facilities. People who lack confidence want to be helped on a one-to-one basis. There is a substantial literacy barrier (8%) and a smaller English language issue which affect more than just digital inclusivity.

5.3 Stopping smoking

Supporting people from deprived communities to stop smoking is a priority for smoking cessation services in Dumfries and Galloway. Each year a target is agreed with the Scottish Government for the number of people from deprived communities who are supported to successfully stop smoking for at least 12 weeks. In 2021/22, the target number for Dumfries and Galloway was 161 people. Dumfries and Galloway was the first area of Scotland to meet their annual target with 3 months still to go. 167 people from deprived communities had successfully been supported to quit smoking for 12 weeks or more in the 9 months ending December 2021.

How we are getting on: Stopping smoking

Percentage of target quit attempts successfully stopped smoking for 12 weeks

■ Dumfries and Galloway
■ Scotland

Year	Dumfries and Galloway	Scotland
2017/18	72%	81%
2018/19	114%	96%
2019/20	112%	97%
2020/21	153%	85%
2021/22 (p)	104%	56%

Target = 100%

B16 Source: Public Health Scotland
(p) = provisional result

Information published by Public Health Scotland shows that the proportion of women who smoke during pregnancy is greatest amongst those living in deprived communities. Across all communities in Scotland 12% of pregnancies in 2021 were for women who were current smokers. The rate in Dumfries and Galloway was similar at 13% with 160 out of 1,187 pregnancies where women were recorded as current smokers.

5.4 Early booking of antenatal care

There is evidence that the women who do not access antenatal care early are at risk of poorer pregnancy outcomes. We have a specialist team, WINGS, that provide targeted support to vulnerable pregnant women. Their case load is deliberately smaller to provide more person centred care. These women often make themselves known to services later in their pregnancy.

In Dumfries and Galloway, in 2021, in the most deprived communities, 81% of pregnant women were booked by the 12th week of gestation. This result met the national standard of 80% but was the lowest rate in Scotland. Overall, amongst the most deprived communities across Scotland the result was 89%.

How we are getting on: Antenatal booking

This diagram shows the lowest percentage of pregnant women in any of the SIMD quintiles that booked for antenatal care by the 12th week of gestation, comparing Dumfries and Galloway to Scotland during 2021.

The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland.

Dumfries and Galloway
0%   81%   100%

Scotland
0%   89%   100%

Target = 80%
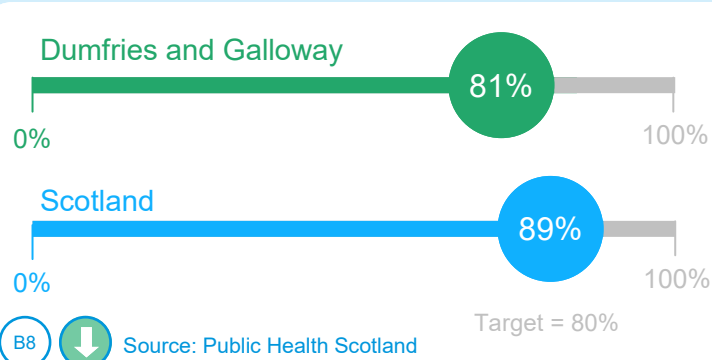
B8 Source: Public Health Scotland

How we are getting on: Change in premature mortality rates
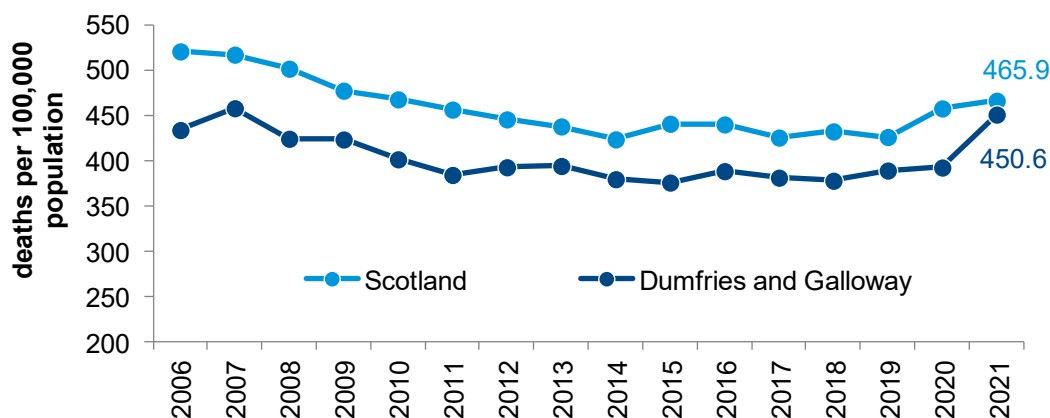
Source: Public Health Scotland

5.5 Premature mortality

The premature mortality rate looks at the number of people who die early, defined as people under the age of 75. This rate is affected by a large number of issues many of which are linked to inequalities.

Across Scotland the premature mortality rate decreased year on year between 2006 and 2015 when there was an increase. Since then it remained relatively stable until 2020 and 2021 when there were further increases, largely due to COVID-19 deaths. It is likely that COVID-19 will also impact on life expectancy estimates for 2020 and 2021.

Premature mortality is lower in Dumfries and Galloway than in Scotland. The pattern of change in Dumfries and Galloway largely mirrors that experienced across Scotland. However, the increases seen locally in 2020 and 2021 were larger than those observed across Scotland. There are many factors that may have contributed to this.

5.6 Ethnic and minority communities working in health and social care

In May 2021 a project was started in Dumfries and Galloway, funded by NHS Charities Together, to better understand the experiences of people from ethnic and minority communities working in health and social care. The project is being delivered by external partners.

At the time of writing, early findings have been provided to the Partnership. Themes that have been identified from the responses from people who have moved to Dumfries and Galloway from other countries include experiencing:

- a culture shock

- not having an easily accessible social support system

Only 15% of all respondents agreed that patients and the public recognised the contribution ethnic minority staff have made during the COVID-19 pandemic.

75% of all respondents felt able to raise concerns with managers and team leaders, 41% of Black/Asian Minority Ethnic respondents agreed.

- barriers to 'fitting in' when people already know each other professionally and personally
- frustration around lack of personal development because their 'face doesn't fit'

60% of all participants had experienced discrimination, harassment or bullying and abuse from members of the public.

The project continues to collect information and a full report is expected by the end of 2022.

We have now established four Staff Equality Networks, which offer a place for staff to be part of a community of support and a collective voice to influence positive change across the organisation. The Networks meet on a monthly basis and welcome new members. Our four Staff Networks are:

- The Disability Network
- The Ethnic Minority Network
- The LGBT+ Network
- The Women's Network

How we are getting on: Emergency admissions by deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland. SIMD considers 7 different aspects of deprivation: income, employment, housing, education, crime, health and access to services. SIMD can be used to look at the impact of inequalities by comparing communities considered to be the most deprived to those considered to be the least deprived.

There are many different factors that influence how often people need to go to hospital in an emergency. These can include the type of work people do, housing conditions and how well people are able to manage their own long term conditions. The chart below suggests that the inequalities gap between the most deprived and the least deprived communities in Dumfries and Galloway and how often they go to hospital in an emergency, may be narrowing.

The rate at which people admitted to hospital in an emergency comparing the most deprived and the least deprived communities in Dumfries and Galloway

Rate of admission per 1,000 population in SIMD quintile

	2017/18	2018/19	2019/20	2020/21	2021/22
Most deprived communities	143	144	142	120	131
Least deprived communities	95	103	100	81	100
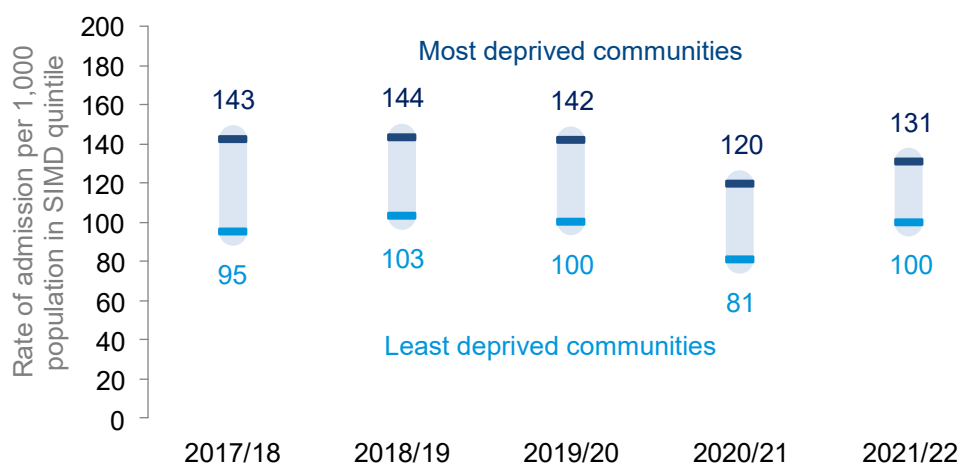
Source: Public Health Scotland

6. Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. Providing support to Carers is an increasing local and national priority.

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

The Carers (Scotland) Act 2016, which took effect on 1 April 2018, is a key piece of legislation to "promote, defend and extend the rights" of Adult and Young Carers across Scotland. It brings a renewed focus to the role of Carers and challenges statutory, independent and third sector services to provide greater levels of support to help Carers maintain their health and wellbeing.

6.1 Key messages

✓ 203 Carers were helped to create new Adult Carer Support Plans.

✓ A Carers Hub has opened in Dumfries and Galloway Royal Infirmary in partnership with third sector organisations, where Carers, families and staff can access advice and support.

✓ Both the Council and NHS have gained the Carers Positive award for supporting staff in the workplace who are unpaid Carers.

✓ 7 out of every 10 Carers felt they had a good balance between caring for someone and other things in their life.

✗ Only 3 out of every 10 Carers felt like they had enough support to continue in their caring role.

How we are getting on: Carers supported using an Adult Carers Support Plan

Year	Number of Carers across Dumfries and Galloway
2016/17	127
2017/18	112
2018/19	198
2019/20	173
2020/21	147
2021/22	203

C5 ⬆ Source: Dumfries and Galloway Carers Centre

6.2 Adult Carers Support Plans

From 1 April 2018 the Carers (Scotland) Act 2016 gives rights to Carers to have a support plan that addresses their needs. Anyone can start to develop an Adult Carers Support Plan (ACSP). The Dumfries and Galloway Carers Centre provide support to help people through this process. Many Carers find that the information, advice and support they receive from Carers organisations meets their needs. Only a small proportion of Carers will go on to

develop an ACSP and of these, fewer still will require additional resources to meet their needs.
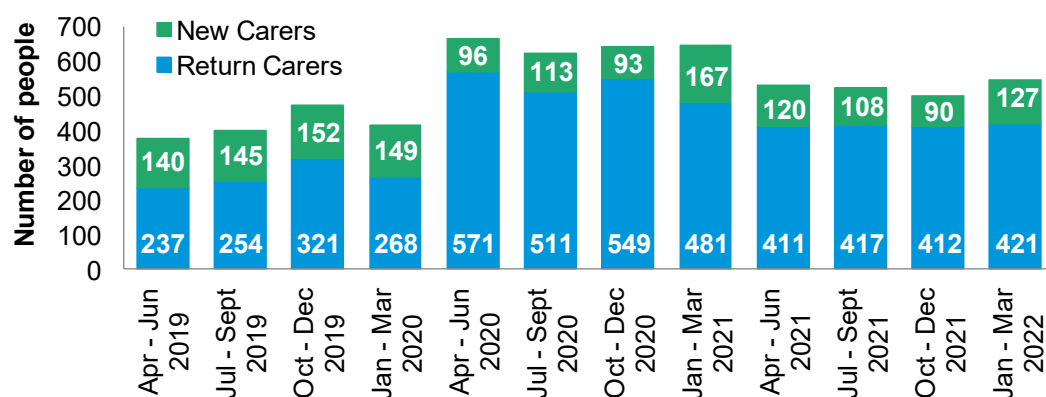
Around 1 Carer in 10 accessing the wide range of support from the Carers Centre goes on to develop an Adult Carer Support Plan (ASCP). 203 Carers from Dumfries and Galloway created an Adult Carer Support Plan during 2021/22.

Since the start of the pandemic, the number of Carers accessing information and support from the Dumfries and Galloway Carers Centre has increased. The levels seen over the last 12 months remain significantly higher than the levels before the pandemic. Over 550 Carers per quarter are now accessing the Carers Centre services in Dumfries and Galloway. This increase has resulted in capacity issues with a waiting list being introduced at the Carers Centre for the first time during the pandemic.

Over 200 Young Carers were supported by the Carers Centre in the last quarter. Young Carers were particularly impacted by the pandemic and the closure of schools during lockdown. This resulted in many Young Carers taking on additional caring responsibilities with less contact with friends. Services were adapted to ensure Young Carers continued to receive support along with some fun activities including bingo, quizzes, pampering sessions and visits to Mabie Farm Park.

How we are getting on: Carers Centre Activity

Number of new and returning Adult Carers supported each quarter

Legend: ■ New Carers ■ Return Carers

Quarter	Return Carers	New Carers
Apr – Jun 2019	237	140
Jul – Sept 2019	254	145
Oct – Dec 2019	321	152
Jan – Mar 2020	268	149
Apr – Jun 2020	571	96
Jul – Sept 2020	511	113
Oct – Dec 2020	549	93
Jan – Mar 2021	481	167
Apr – Jun 2021	411	120
Jul – Sept 2021	417	108
Oct – Dec 2021	412	90
Jan – Mar 2022	421	127

Number of new and returning Young Carers supported each quarter

Legend: ■ New Carers ■ Return Carers

Quarter	Return Carers	New Carers
Apr – Jun 2019	169	27
Jul – Sept 2019	191	29
Oct – Dec 2019	181	30
Jan – Mar 2020	201	29
Apr – Jun 2020	212	40
Jul – Sept 2020	162	24
Oct – Dec 2020	187	16
Jan – Mar 2021	181	29
Apr – Jun 2021	191	24
Jul – Sept 2021	154	21
Oct – Dec 2021	165	20
Jan – Mar 2022	186	32
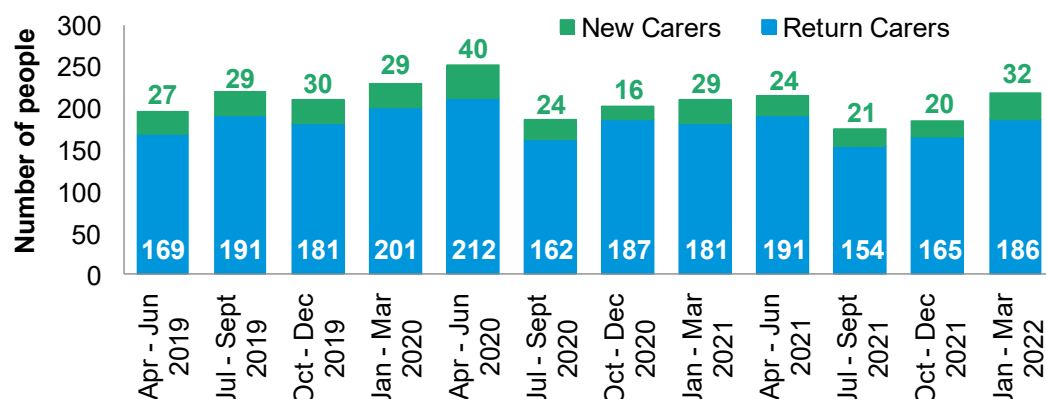
Source: Dumfries and Galloway Carers Centre

How we are getting on:
Carers' Responses to the Health and Care Experience Survey 2021/22

Carers are asked about their experiences as part of the HACE survey. Although it is different people who are surveyed each time, it is concerning that the proportion of Carers who feel supported to continue in their caring role has consistently declined over the last 5 surveys.

64% of Carers from Dumfries and Galloway agree they have a good balance between caring and other things in their lives.

This result is similar to the proportion across Scotland, **63%.**

The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 68%.
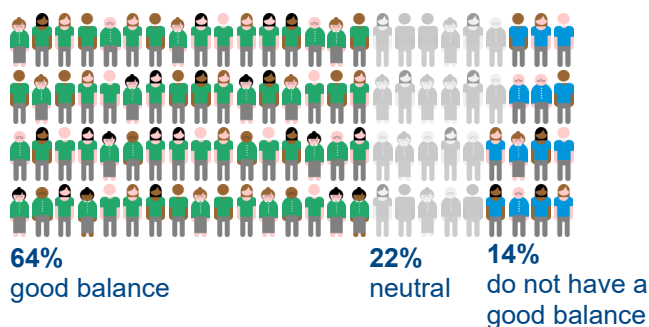
64%
good balance

22%
neutral

14%
do not have a good balance

41% of Carers from Dumfries and Galloway agree they have a say in services provided for the person they look after.

This result is similar to the proportion across Scotland, **39%.**

The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 51%.

41%
have a say

38%
neutral

21%
do not have a say
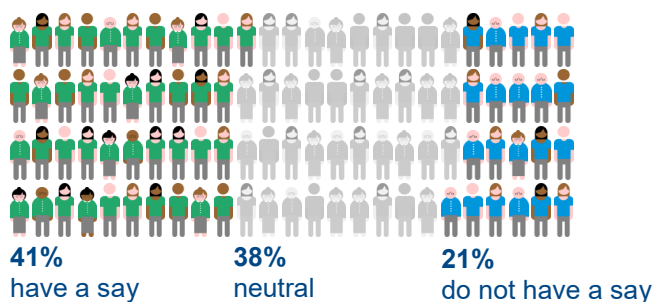
32% of Carers from Dumfries and Galloway agree that local services are well co-ordinated for the person they look after.

This result is similar to the proportion across Scotland, **29%.**

The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 41%.

32%
well co-ordinated

42%
neutral

26%
are not well co-ordinated
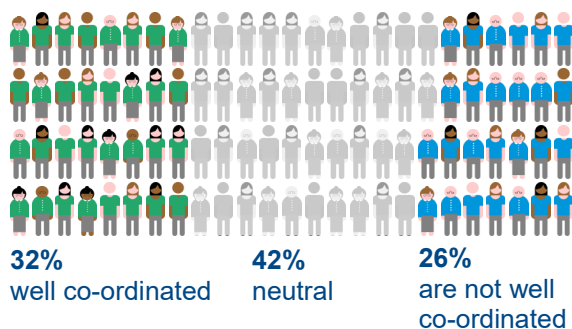
31% of Carers from Dumfries and Galloway feel supported to continue in their caring role.

This result is similar to the proportion across Scotland, **30%.**

The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 35%.

31%
feel supported

42%
neutral

27%
do not feel supported
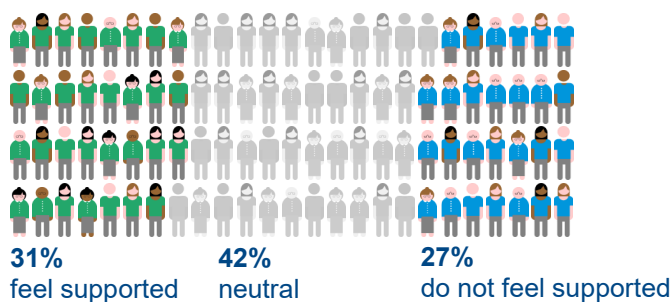
Source: Health and Care Experience Survey 2021/22 A8

6.3 Carers Task Force

The Carers Task Force was established in November 2021 to enhance the Partnership's work supporting Carers across Dumfries and Galloway. These are some examples of the progress the Task Force has made:

Carers and inequalities: Carers are now included as a group to be considered alongside other groups of people specifically protected by legislation in the revised IJB Equality Impact Assessment (EQIA).

- The **Carers Positive Award** is presented to employers in Scotland who have demonstrated that they have a working environment where Carers are valued and supported. Both NHS Dumfries and Galloway and Dumfries and Galloway Council have achieved the "Exemplary" status (level 3).

- A new **Carers Hub** officially opened in the Dumfries and Galloway Royal Infirmary during Carers Week and is run by the 5 largest Carers support organisations from the third sector in the region. The Carers hub provides information and help to people coming to the hospital.

- **Carer Ambassador Training** is a short course that has been developed around the idea of Think Carer! This course aims to build on Carer Awareness training for people who work in health and social care and promote good conversations. As a result, Carers will be directed to the right support at the right time.

6.4 Time to Live Short Breaks

In January 2022 the Scottish Government made available additional winter funding to expand support for all Adult and Young Carers. A grant of just under £93,000 was received to support Carers in Dumfries and Galloway.

A short term Carers Relief Fund was established to enable Carers to apply for something that could benefit them over the winter months. Part of the funding was also used to provide Young Carers with the choice of a wellbeing voucher to enable them to purchase a treat of some kind. A robust application process was established which resulted in:

- 315 applications
- £80,150 awarded in adult grants
- 173 Young and Young Adult Carers issued with vouchers totalling £3,480

The remaining balance of the funding was used to pay for extra staff costs involved in establishing and administering the fund.

Feedback shows that grants were well received by Carers and were used to fund fuel and energy costs, replacement of white goods, refurbishment of living accommodation, as well as basics such as food and clothing.

"The funding I received to help purchase a laptop was very much appreciated as my computer had broken and I rely on it for access to information, family / professional contact (teams meetings) and home shopping. Having the option of a laptop helps me from being cut off as I live in a remote area. Thank you again for the funding it really is very much appreciated."

"So many people are really up against it under the current political climate. Financial problems really affect people's state of mind and confidence, as you well know. I do hope you realise just what a great job you're doing. I'm constantly so impressed with your friendly, relevant, efficient service. You are massively appreciated."

7. Outcome 7

People who use health and social care services are safe from harm.

Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people. In some instances, activities focus on protecting people already identified as vulnerable. Other activities are focused on improving the safety of services, aiming to reduce the risk of harm to all people.

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

7.1 Key messages

- 165 referrals to the Multi Agency Safeguarding Hub required an investigation. This is higher than for the previous year.

- The uptake rate for COVID-19 and seasonal flu vaccines was high across Dumfries and Galloway.

- Only 13% of people diagnosed with lung cancer were diagnosed during the early stages of their illness.

- There has been an increase in planned operations being cancelled due to pressure across the health and social care system.

7.2 Multi Agency Safeguarding Hub

The Multi Agency Safeguarding Hub (MASH) brings together key agencies to support better outcomes for vulnerable people and children.

During the year, 2,945 calls that raised concerns about a person's safety were reported through the Single Access Point. Around 1 in 2 of these (1,271) had a Duty to Inquire opened within the MASH to determine the appropriate next stage to protect those at risk. In 165 of these situations the case progressed to an Investigation to ensure appropriate support to fully address the concerns. For 30 cases a Case Conference was then held, followed up by 58 Review Case Conferences.

This represents a reduction in the number of concerns reported but an increase in the number of inquiries undertaken and a reduction in Investigations and Case Conferences compared to 2020/21.

During this challenging time, referrals overall to statutory services were more complex and more required more input. The pressure created on both process and practice was shared collaboratively across the agencies. Each of the agencies within the MASH has addressed the demand on the team through the allocation of additional resources.

We aim to get in touch with all people who raise concerns within 5 days. In 2021/22, this was only possible 17% of the time. An improvement action was identified in the Adult Support and Protection Inspection Improvement Plan to change the way feedback was recorded. An improved position is expected in 2022/23.

7.3 Vaccines

Vaccines play an important role in helping to keep people safe from infectious diseases. Vaccines that protect against different viruses are routinely available to groups of people considered to be at risk. For example the flu vaccine is offered each year to older adults, young children and people with long term respiratory conditions.

Following the success of the COVID-19 vaccine programme in 2020/21 the Partnership has made a substantial investment in establishing a permanent vaccine team. This team is responsible for planning and delivering all types of vaccines to people across Dumfries and Galloway.

Between September 2021 and January 2022 the vaccine team delivered seasonal flu vaccines and COVID-19 boosters to people across the region. Following updated guidance from the Scottish Government more people than ever were eligible for a seasonal vaccine (over 100,000 people in Dumfries and Galloway). People living in care homes and people unable to leave their own home were prioritised. People working in health and social care were also offered an early opportunity to take up the vaccines to minimise service disruption.

As well as the seasonal vaccine campaign the uptake rate for the regular range of vaccines offered, including childhood immunisations, are typically above the Scottish average.

By the end of March 2022, **83%** of people aged 18 and over from Dumfries and Galloway had had at least **3 doses of COVID-19 vaccine.**

By the end of March 2022, **84%** of people aged 50 and over from Dumfries and Galloway had had their **Seasonal flu vaccine.**

How we are getting on: Feeling Safe
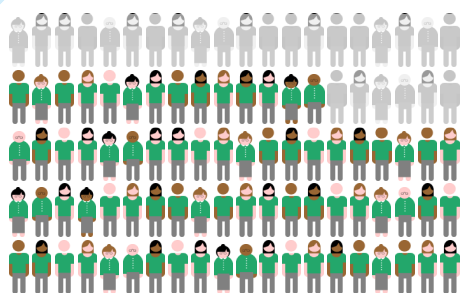
74% of adults supported at home from Dumfries and Galloway agreed that they felt safe when using health and social care services.

This result is higher than the rate across Scotland which was **67%.**

This result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was **82%.**

Source: Health and Care Experience Survey 2021/22 A9

7.4 Cancer Screening

Cancer screening is an important part of primary care in helping to keep people safe from illness. There is no national screening for lung cancer and it can be difficult to diagnose early. It is important that people who have concerns seek advice from their GP practice as early as possible.

Screening tests are available to detect pre cancerous cells or early stages of bowel, breast and cervical cancer. The tests are offered to particular age groups and uptake is high in the region, at 70%, 78% and 78% respectively in 2021/22.

For bowel cancer screening, an initial test is done at home and if necessary further investigations are offered in hospital. Uptake has risen in recent years with the introduction of a simpler test.

Women over 70 are once again being offered the opportunity to self refer for breast cancer screening. This service was suspended during the early stages of the COVID-19 pandemic.

There is currently a 6 month delay for routine cervical cancer screening tests. This is a consequence of the service being suspended during the early stages of the COVID-19 pandemic. The risk of harm is low to women who have a regular screening history. Women at high risk continue to have appointments on time.

How we are getting on: Detecting Cancer Early

People achieve better outcomes when cancer is detected early. The Scotland target is for 1 in 3 cancer cases to be diagnosed early.

Just over **1 in 4** Cancer cases are diagnosed in the early stages of the disease

46% of breast cancer cases are diagnosed early often due to the breast cancer screening programme.

22% of bowel cancer cases are diagnosed early. This is supported by the bowel cancer screening programme.

13% of lung cancer cases are diagnosed early. There is no national screening programme for lung cancer. Symptoms can appear late in the disease.

B1 Public Health Scotland (2019/20).

7.5 Cancelled planned operations

Treating people in hospital for COVID-19 has meant that we have had to reduce the number of operations we could do in 2020/21. This has caused a build up of people waiting to get planned operations. In 2021/22 we had around 50% more operations planned in Dumfries and Galloway compared to the previous year. However at times our hospitals have been very busy and so sometimes operations have had to be cancelled.

High numbers of people needing to be seen in an emergency has impacted on our ability to keep delivering planned operations. We have also had challenges getting people home and they have become delayed in hospital adding to the pressures. More people and a higher proportion of planned operations needed to be cancelled in 2021/22 compared to the previous year. We have an action plan with short term targets, agreed with the Scottish Government, to reduce the time people are waiting for their planned operations in 2022/23.

In 2021/22 out of **more than 15,400 planned operations**, just under **1,000 were cancelled (6.5%)**. This is compared to just over 10,300 planned operations in 2020/21 of which 500 were cancelled (4.8%).

Reflections on the impact of COVID-19

Health and social care across Dumfries and Galloway continues to face extraordinary challenges as a result of the COVID-19 pandemic.

Impact on people

Dumfries and Galloway experienced 4 waves of the COVID-19 pandemic. Our peak was in January 2022 with just under 2,800 cases per week. As a result there have been substantial demands on the Test and Protect service for contact tracing and on laboratory services for carrying out COVID-19 testing.

However, compared to the earlier pandemic waves, there were fewer people requiring care and treatment in hospital for COVID-19. This was a direct consequence of older people and people in vulnerable groups being prioritised for first and second doses of COVID-19 vaccine earlier in the year.

Key messages

✓ The uptake rate for the COVID-19 vaccine and boosters has been high across Dumfries and Galloway.

✓ To ensure people continue to receive the care and support they need we have had to find new, more flexible ways of working.

✓ We have made greater use of video and telephone consultations to help reduce the risk of COVID-19 infections.

✗ Rates of sickness absence reached record high levels in January 2022. People working in health and social care report low levels of personal resilience.

✗ More people are waiting for treatment, care and support, and they are waiting longer to be seen.

The full extent to which the COVID-19 pandemic and lockdown has impacted on the deterioration of people's health is not yet known, but there are early signs that many people accessing services are frailer than before. For example, amongst people who already receive care and support at home, there has been a sizeable group who have needed increases in their care provision. We must also recognise that the deterioration in people's health will have a lasting impact on their families and those who care for them.

COVID-19 mass vaccination has continued at pace across the region. At the time of writing, **over 94%** of people aged 50 or over have had their third (booster) doses of vaccine.

Throughout the pandemic waves, a level of activity was maintained to ensure that people experiencing emergency, clinically urgent and cancer needs were still seen in hospital. This occurred across all specialties and diagnostic services. However, we haven't managed to consistently maintain a non COVID-19 surgical stream due to surge pressures.

One of the difficulties with suspending non urgent services is that people who were already waiting to be seen would have to wait longer, and might be getting worse as a result. Teams undertook Active Clinical Referral Triage, going back through the lists and reviewing people to ensure those who most needed to be seen were managed within the available reduced capacity. If people were not urgent, teams worked to find other ways to help people manage while they waited or redirected people to more appropriate services.

We worked with a medium sized GP practice to look at how the pandemic had affected demand. We found that during the first wave there was only a 2.5% reduction in the number of people seen and that there was no reduction during the other waves of the pandemic. This highlights that our GP practices continued to see some of the most ill people throughout the lockdowns. Despite the wide range of communication to people, feedback from the public was that they had the perception that GP practices were closed, so we recognise that communication about what was happening could have been improved.

We have promoted the **Bounce Back Better** programme supporting **34** care home and care at home managers with recruitment and retention of front line staff through coaching sessions and peer support.

Impact on Staff

During the pandemic, all partner organisations experienced substantial pressures on staffing. At one stage, 20% of care at home staff were not available through a combination of ill health, shielding and self isolation. During this period, the role of family, Carers and natural forms of community support became more important than ever and enabled essential care and support to be maintained. In health settings, in January 2022, approximately 1 in 9 people employed by the NHS were absent through either sickness or COVID-19 related reasons.

As restrictions have eased and different economic sectors try to get back to normal, there is increased competition for the available workforce and volunteers in Dumfries and Galloway. Demand for care at home support is increasing and providers have found it increasingly difficult to recruit enough staff to meet this rise in need. This is particularly true in the more rural areas. In health settings the spend for bank nurses and midwives was over £5 million in 2021/22.

> "We have all been touched by the pandemic and the impact of this will be felt for many years to come as we recover and rebuild. Staff have, and continue to, show remarkable commitment, compassion, adaptability, and determination to maintain services, in these challenging times and for this I send my sincere thanks."
>
> Lillian Cringles, Chief Social Work Officer

What people tell us: "Let us Begin" by Ken Donaldson, Medical Director (Abridged)

Its been a tough two years for everyone, everywhere; no one has been unaffected by all the changes and regulations, especially those of us in Health and Social Care. However, and I say this with some caution, I think there are signs of Hope. The vaccine rollout has been phenomenal and is clearly working. Pandemics do come in waves but these waves tend to be of increasing transmissibility and decreasing virulence, which is exactly what we are seeing. I am seeing signs that we may be coming out the other end of this and I do feel that we should all have some cautious optimism.

All of our teams have been under sustained and often intolerable pressure. We know there are countless people waiting for care and support and the mental health of the population in general has been affected too. We can do something about this, maybe not overnight or even in the next few months but in time we can improve and support our teams to get services not just back to where they were but even better than what they were before. We can, and must, do this together. Let us begin.

The full blog post can be found at: https://dghealth.wordpress.com/2022/02/18/let-us-begin-by-ken-donaldson/

Service response

We were quick to implement a pandemic surge plan, with all areas setting thresholds for pressure points and mitigations at each level such as reducing elective work, redeploying staff and paused non essential services.

Our Partnership model includes leads from both health and social care, but during the most difficult periods, the whole Community Planning Partnership as well as the third sector and the independent sector came together to provide urgent support to those in need. An urgent call for help to communities for volunteers resulted in a bank of over 1,700 volunteers available in the early stages of the crisis.

Substantial resource went into planning and delivering of COVID-19 vaccinations. This included deploying staff from other areas of work, recruiting temporary staff many of whom were recently retired, and working with our GP practice colleagues. Partnership working was essential in delivering the vaccine programme, one of the biggest logistical exercises undertaken by the Partnership. The uptake rates in Dumfries and Galloway have been higher than the Scottish average throughout the campaign.

Whilst the impact of the pandemic continues to be felt in our communities, we are more confident that the number of people needing hospital care for COVID-19 will not be overwhelming. Now we need to plan for the number of people who continue to have 'long COVID' and to treat COVID-19 as another regular disease to manage, like influenza (flu).

8. Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Although the IJB does not directly employ people who deliver health and social care services, the IJB has an influence on the services which are commissioned and therefore has a role in influencing the workplace culture. This includes influencing how well services are integrated and approving strategies that set the direction of travel.

8.1 Key messages

✓ To address low levels of personal resilience, the staff support service was funded through NHS Endowments and was made available to all people working in health and social care.

✗ Attracting people to work in health and social care and keeping them, remains a considerable challenge for the statutory, third and independent sectors.

✓ A small project to help unemployed young people was successful and helped them find jobs in health and social care.

✗ Rates of sickness absence remain higher than the national target of 4%.

8.2 Health and wellbeing at work

Each sector within the Partnership recognises the importance of the health and wellbeing of people who work in health and social care and the impact this has on the delivery of services.

An in house Staff Support Service overseen by Psychology Services was set up during the pandemic. This was funded from the NHS Endowments Charity with additional funding from Scottish Government. The Staff Support Service has also been offered to people who work in care homes and care at home, however uptake has been lower in social care due to issues accessing Microsoft Teams. Group or team sessions have also been offered as way of encouraging people to engage with services if they need to.

People have told us that the Staff Support Service has had a positive impact on their health and wellbeing.

In the 18 months ending in June 2022, **more than 700 people** accessed one to one support from this service. Also, **130 requests** were received from teams across the Partnership for group support.

"Thank you very much for giving me the opportunity to seek help from the psychologist who actually saved me"

Social Work Colleague

"I wouldn't have stayed in the NHS if it weren't for this therapy service"

GP Colleague

8.3 iMatter and understanding staff experience

The Scottish Government has identified iMatter as the key tool for measuring and promoting a positive workplace culture. iMatter has been rolled out across health teams including some staff employed by the local authority who work within fully integrated teams. iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture.

- The response rate in 2022 was 60% overall, compared to 55% in 2021.

- The employee engagement index has gone up from 72 to 75.

- Overall experience of working within the partnership has risen from 6.5 in 2021 to 6.8 in 2022.

Most iMatter responses fell within the 'strive and celebrate' range, the few responses that fell within the 'monitor to further improve' related to the visibility of senior leaders, people feeling involved in decisions and performance management. These findings are discussed within all teams taking part and each team is encouraged to develop action plans for the coming year.

Social workers who did not take part in iMatter had an alternative opportunity to take part in the staff survey used by the Local Authority. Across all social workers who work with adults, children and in criminal justice, there was an overall positive engagement level of 87% compared to a target of 80%.

8.4 Professional development

People working in Dumfries and Galloway Council's social services team have an annual Performance and Development Review (PDR) to support their ongoing learning. In 2021/22 the proportion of staff with a completed annual review was 38% compared to a target of 95%. This is an improvement on the previous year when 29% of people completed a review. Recent system pressures have meant that front line care has had to be prioritized and that formal development reviews have often been delayed. Social workers have regular supervision meetings to address any immediate issues.

Turas is the NHS system for annual appraisals, goal setting and professional development planning. The NHS Dumfries and Galloway Appraisal Booklet encourages staff to take ownership of their appraisal and promotes self awareness and a proactive approach to learning. In 2021/22 there were 466 appraisals completed on Turas. This is approximately 10% of people employed by NHS Dumfries and Galloway. The number of annual appraisals is being monitored by the NHS Staff Governance Committee.

8.5 Recruitment

Attracting people to work in health and social care and keeping them, remains a considerable challenge for the statutory, third and independent sectors. Across the Partnership, the sustainability for a wide range of professions, including doctors, nurses, Allied Health Professionals (AHPs), and social workers has been reported as a high risk. Cost associated with employing temporary essential staff remains high. The consequences of experienced people leaving can be wide reaching as this limits the potential for knowledge and skills to be passed on.

The last 12 months have been particularly challenging for care at home services. As the local economy recovers from the COVID-19 pandemic and businesses compete to attract workers, fewer people have taken up opportunities to work in care at home. Consequently CASS, our independent sector and our third sector partners have seen their workforce reduce with approximately 250 fewer people working in care at home.

The Partnership has been working together to:

- make our job advertising websites accessible to all organisations in the sector
- hold local recruitment events
- highlight Dumfries and Galloway as an attractive place to live
- take advantage of international recruitment opportunities
- develop an integrated approach to our workforce planning

How we are getting on: Health service vacancies

An example of the recruitment challenges faced across the Partnership are highlighted by information published by NHS Education for Scotland (NES) for NHS Dumfries and Galloway. A snapshot taken at the end of March 2022 showed that there were:

✓ 14 whole time equivalent vacancies for Allied Health Professionals (AHPs). This is fewer than at the end of March 2021 when there were 34 vacancies.

✗ 21 whole time equivalent medical and dental vacancies. This is more than at the end of March 2021 when there were 15 vacancies.

✗ 148 whole time equivalent nursing and midwifery vacancies. This is more than at the end of March 2021 when there were 101 vacancies.

Source: NHS Education for Scotland March 2022

8.6 Helping young people into work

Combined, organisations that provide health and social care in Dumfries and Galloway are the largest group of employers in the region. The Partnership is committed to ensuring that young people from all backgrounds have opportunities to enter the workplace.

The national Kickstart scheme is a project targeted at young people who have faced barriers to employment such as homelessness, having experience of the care system or mental health issues. In November 2021, 18 young people started 6 month placements in healthcare settings and 43 young people were placed with third sector organisations.

The feedback from organisations and departments hosting the placements has been really positive.

"It has been an amazing journey to host a Kickstart placement. They have very quickly become a valued part of the team and we were delighted to be able to extend their contract through the Employer Recruitment Incentive scheme. They are now responsible for the dedicated Facebook page for the team in Stranraer and it is wonderful to see how they have grown in confidence".

Third sector host

The biggest impact has been on the young people themselves.

"Being employed at Better Lives has opened the gateway to independence, before I started work here I doubt I would have been able to do the things that I do here daily, so to me that is a massive leap in the right direction".

"I really enjoy my placement; I work my butt off so it is great that it is noticed"

"It was a bit overwhelming at first but everyone has been so supportive and my confidence is just night and day to when I didn't have this job, I hope I can stay on"

8.7 Sickness absence

During the pandemic, people unable to attend work for reasons connected to COVID-19 were counted under a separate category to those who were absent for reasons connected to sickness and ill health. For information on how COVID-19 impacted on people's ability to be at work please see pages 42 and 43.

The Scottish Government sets a target of no more than 4% of the total hours people could have worked in the NHS are taken off for sickness. The sickness absence rate during 2021/22 was higher than 4% for people employed in the NHS and the local authority who provide health and social care services.

How we are getting on: Sickness absence rates
(not including COVID-19)

In March 2022 the sickness absence rate was:

4.8% amongst health employees (target = 4%)

5.7% amongst adult social services employees

Proportion of hours lost to sickness absence

Target = 4%

Adult Social Services Employees — Health Employees

Apr-Jun 2018, Jul-Sept 2018, Oct-Dec 2018, Jan-Mar 2019, Apr-Jun 2019, Jul-Sept 2019, Oct-Dec 2019, Jan-Mar 2020, Apr-Jun 2020, Jul-Sept 2020, Oct-Dec 2020, Jan-Mar 2021, Apr-Jun 2021, Jul-Sept 2021, Oct-Dec 2021, Jan-Mar 2022
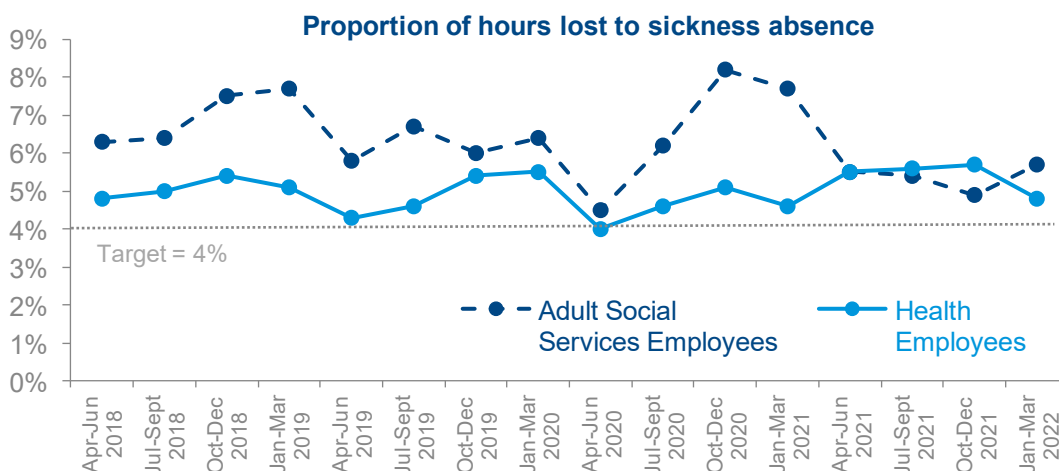
B18 Source: NHS Dumfries and Galloway, Dumfries and Galloway Council (April 2022)

Looking back over 5 years

When the Partnership developed the first Strategic Commissioning Plan, setting out priority areas of focus and our commitments over the following 3 years, we could not have imagined where we would find ourselves now.

Bringing together health and social care providers, each with their own strong sense of history and ways of working, was a challenge. But the thing that united us was our vision: "Making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control".

Let's have a look at the original priority areas of focus and how these have progressed.

Reducing health inequalities

✓ All IJB strategies and plans have to be assessed for their potential to impact on inequalities for the people they affect.

✓ In the past 5 years the difference in life expectancy has improved for men, but not changed much for women.

Making the most of technology

✓ People can now speak to health and social care practitioners using video technology, preventing thousands of travel miles and reducing the financial and ecological impact of travel in our strongly rural area.

✓ Hybrid working solutions have enabled a large proportion of people who were traditionally office based to work from home. This has been a fantastic support for people who need to work flexibly.

✓ We have been testing different kinds of wearable sensors, smart phone apps and other assistive and inclusive technology that keep people safe while promoting independence.

✗ Digital exclusion is still an issue in our rural area, which makes it difficult for some people to engage. We must continue to provide non technology solutions to ensure equitable access to services.

Making the most of wellbeing

✓ We started well, ensuring that all people living in a care home were helped to complete paper Anticipatory Care Plans. The Partnership has invested additional funds to support care homes to replace these with more sophisticated electronic plans.

✗ Even though we think the worst of COVID-19 is past, many people now find that their wellbeing is worse.

✓ COVID-19 showed us how important it is to look after the wellbeing of people who work in health and social care. Most people who worked throughout the pandemic are really tired now. We have focussed on the importance of kindness to each other and introduced wellbeing support early on.

Supporting Carers

✓ In the past 5 years, both the Local Authority and the NHS have achieved the "Exemplary" status (level 3) for the Carers Positive Award, which is for supporting Carers in the workplace.

✓ The Dumfries and Galloway Carers Centre is helping more people than ever. But the increased demand means that, for the first time, they have had to introduce a waiting list.

Developing and strengthening communities

✓ The communities' response to the pandemic showed us how strong they can be when they pull together.

✓ Approximately 6,500 people across the region with underlying health conditions were advised to stay at home shielding during the early stages of the pandemic. Our Local Authority and Third Sector colleagues swiftly pulled together a dedicated team to offer support and guidance to people identified as being critically at risk.

✓ An urgent call for help to communities for volunteers resulted in a bank of over 1,700 volunteers available in the early stages of the crisis.

✓ The Partnership has made progress towards using the coproduction approach to working with communities to plan local services. An example of this was Transforming Wigtownshire.

Maintaining safe, high quality care and protecting vulnerable adults

✓ We developed a Multi Agency Safeguarding Hub to ensure a joined up approach in identifying, sharing information about, and supporting adults at risk of harm.

✓ The Scottish Patient Safety Programme has led to a reduction in hospital mortality.

✓ The Care Assurance Programme has ensured that people receive consistently high standards of nursing care.

✗ Inspection grades for some care homes have worsened, both locally and across Scotland.

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

✗ Flow through our health and care systems is not running smoothly. This results in people being delayed in hospital, waiting longer for social care support and waiting longer to be seen in an emergency. This means that people don't always get the right care, in the right place at the right time.

✓ We have worked with our providers to ensure that people working in care and support are paid the national living wage.

✓ We have developed Home Teams to better coordinate and shift more of people's care and support into community settings. Home Teams bring together a whole range of practitioners to work with individuals and families.

Integrated ways of working

✓ During the pandemic the Local Resilience Partnership, including the third sector and the independent sector, came together to provide urgent support to those in need.

✓ Realising the challenges we face around recruiting and retaining staff, we have an integrated workforce plan that includes the whole of the wider partnership.

✓ People working in the third and independent sectors providing front line care and support can now access staff services previously only available to the NHS, such as flu vaccines and wellbeing support.

✓ We have joined together Nithdale's Single Point of Contact, the Social Work Contact Centre and our community alarm team, Care Call, to form a Single Access Point (SAP) for health and social care services across Dumfries and Galloway.

✗ We haven't made the best use of the support offered by the Third Sector, which has over 1,000 organisations across the region.

Working efficiently and effectively

✓ We opened the new DGRI in December 2017 and since then we have sold the Crichton Royal Hospital and the old Nithbank site to developers. The offices at Irish Street and wards at Mountainhall Treatment Centre (old DGRI) have been completely repurposed.

✓ The Sustainability and Modernisation Programme (SAM) was brought in to ensure we take a systematic approach towards ensuring that we get the best value from the important projects we have to transform our services.

✓ We are building towards our carbon neutral target; for example we have dramatically reduced paper use by having electronic patient records, text message appointment reminders and moving to electronic payslips.

✗ Although the IJB has maintained a balanced budget in the past, the financial pressures are a continuing challenge.

Enabling people to have more choice and control

✓ It has taken a long time, but we are starting to see more people choose to control their own social care funding, through SDS Option 1.

✓ We have worked with providers to develop more types of housing with care and support to give people more choices.

✗ We are still working on how to plan peoples' care and support on personal outcomes, rather than focussing on 'time and task' ways of working.

The last 4 to 5 years have been challenging and surprising but we have made real progress on integrated ways of working and how we use technology. We still have a way to go to reach our vision, make the most of integration and ensure that people get the right care, in the right place at the right time.

9. Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

There are various ways that the Partnership is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

9.1 Key messages

- ✓ We are making more efficient use of our buildings, in particular relocating services and teams to Mountainhall Treatment Centre.

- ✓ We are modernising our IT hardware (such as tablets and laptops) and software through the roll out of Microsoft 365.

- ✓ People who are still waiting for health appointments are being contacted to make sure the people most in need get seen first. Very few people have been waiting more than 18 months.

- ✗ 84% of eligible people started urgent cancer treatment within 62 days. This is below the national standard of 95%.

- ✗ Most waiting times standards are not meeting national targets as a consequence of the system pressures following the COVID-19 pandemic.

One of the difficulties with suspending non urgent services during the pandemic is that people who were already waiting to be seen will have to wait longer, and might get worse as a result.

The Scottish Government has long standing waiting time standards for a range of health services. As all waiting times have been impacted by the pandemic, the national focus is now on remobilising elective services and ensuring that people who have been waiting the longest are prioritised. How we go about this features in the Partnership's Delivery Plan.

9.2 Cancer waiting times

The 31 day cancer waiting time standard has been met for more than 98% of people over the last year. However, the 62 day waiting time standard has been impacted by the national challenges relating to colorectal and urological cancer treatment. In 2021/22, 84% of eligible people started their treatment within 62 days.

In 2021, there has been a 10% increase in urgent referrals for people suspected to have cancer. This is even higher for people with suspected colorectal cancer which increased by 20%.

Since 2018 over half of the urgent referrals where we failed to meet the waiting time standard have been for prostate cancer. This is due to the local and national capacity challenges.

It is predicted that proposed changes to how we work together to treat people with prostate cancer and the introduction of Colon Capsule camera technology for people with suspected colorectal cancer will mean performance will improve.

There have been no delays to cancer outpatient services as a result of COVID-19. Treatment has been maintained, with people starting treatment within 2 to 3 weeks following the decision to start treatment.
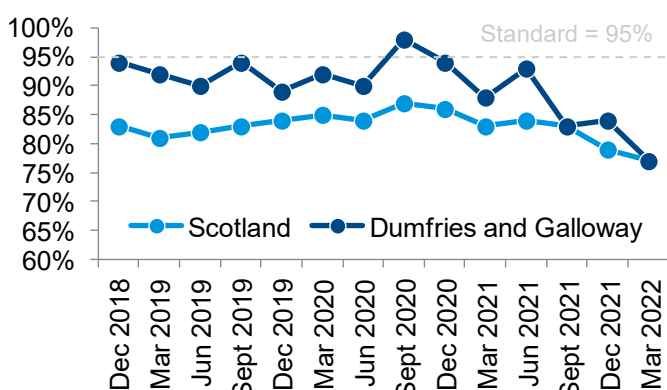
How we are getting on: Cancer waiting times

Percentage of people diagnosed with cancer who start treatment within 31 days of their decision to treat
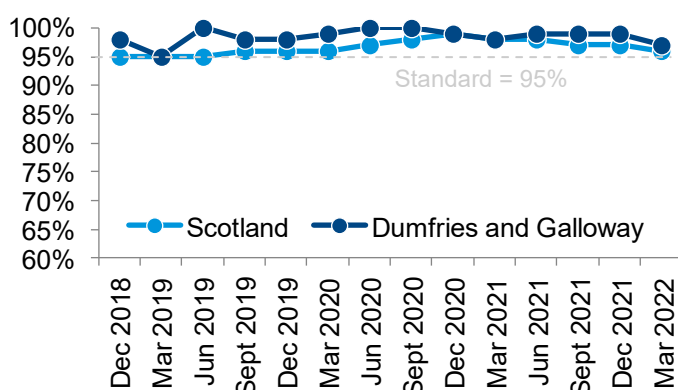
Percentage of people who start treatment within 62 days of an urgent referral for a suspicion of cancer

Source: Public Health Scotland

9.3 Mental Health waiting times

The Child and Adolescent Mental Health Services (CAMHS) 18 week waiting time standard was met for 91% of children and young people from January to March 2022. 100% of children and young people referred urgently to CAMHS, such as those experiencing suicidal intent, potential eating disorder or psychosis, are seen as a priority within 2 working days.

Before January 2022, we erred on the side of caution by using the second appointment as the treatment date (in agreement with Public Health Scotland) as not everyone started treatment at their first appointment. In early 2022 we updated the calculation to bring us in line with other areas of Scotland. This approach better reflects the activity experienced by children and young people using the service.

Over 2021/22, 79% of adults referred for psychological therapies were seen within 18 weeks and met the waiting time standard. Following recent developments in secure video technology to hold virtual group sessions, the department has recently restarted group treatment. This will improve waiting times for all people referred.

Amongst those people waiting the longest, many require access to an experienced clinical psychologist for issues such as complex trauma and chronic pain. We are looking at how different practitioners work together to support these people. Numbers of people waiting for psychological therapies have continued to rise slowly to 900 at the end of March 2022.

9.4 Waiting time standards

The waiting times standards for planned inpatient or day case treatment, or for new outpatient appointments combines a large range of specialties. The NHS Dumfries and Galloway Remobilisation Plan (October 2021 to March 2022) set out the intentions for the number of people seen, how many people were on waiting lists and waiting times. Unfortunately the Omicron wave of COVID-19 had an impact on delivering these goals.

For the 12 week Treatment Time Guarantee (TTG) standard we set out to see 7,400 people during the year. We managed to see 6,700 people (90%).

For people referred for their first outpatient appointment with a doctor, we set out to see 32,800. We managed to see 32,400 (99%).

Out of the 13,500 people waiting for either an inpatient or outpatient appointment, fewer than 70 people were waiting longer than 18 months by March 2022.

We aim to see people for diagnostic test within 6 weeks. For diagnostic scopes, we set out to see 4,700 people. We saw 4,800 people (102%).

For people waiting for diagnostic scans, we set out to see 32,000 people. We managed to see 35,000 (110%). The waiting lists for diagnostic tests tend to be seen within the month.

The table below shows our performance against the waiting times standards at March 2022.

| A snapshot taken in March 2022 | | | |
Our performance	Standard	People waiting	Longest wait
75% of people started treatment within 18 weeks of their referral	90%		
64% of children and young people started treatment for specialist CAMHS within 18 weeks of their referral	90%	160	40 weeks
79% of people started psychological treatment within 18 weeks of their referral	90%	900	64 weeks
58% of people waited less than 12 weeks for their first outpatient appointment	95%	10,532	33 people were waiting more than 18 months
70% of people waited less than 12 weeks for their inpatient or day case treatment	100%	2,996	34 people were waiting more than 18 months
98% waited less than 6 weeks for their diagnostic scope	100%	393	30 days
96% waited less than 6 weeks for their diagnostic scan	100%	1,774	30 days

Source: NHS Dumfries and Galloway

9.5 Making the best use of our buildings

The new Dumfries and Galloway Royal Infirmary (DGRI) opened in December 2017. The old DGRI on Bankend Road was renamed Mountainhall Treatment Centre (MHTC). Over time we have developed the MHTC site to make the best use of the building including:

- When COVID-19 vaccinations became available, we opened a permanent vaccine centre.

- The ophthalmology clinic was redesigned to be the main centre for care, providing outpatient and theatre day case activities.

- We moved the community health and social care team to enable us to sell the Nithbank site to developers.

- We opened MHTC Ward 1 surge beds to support DGRI with winter pressures.

- Many of the old wards have been turned into office space. With many office based workers now able to work from home, we have been piloting hybrid working for some teams, where 10 people share 5 to 7 desk spaces. This will make our use of space more efficient.

- Our in house Care And Support Service (CASS) provide day centre opportunities from MHTC to enable people to receive care and support in a social space.

We continue to look for new and creative ways of making the best use of all the buildings we have. This has included working with our independent sector and third sector partners to look at how services, such as those for interim care, can be delivered differently.

9.6   Developing our information and technology

Even though health and social care is mostly delivered by people face to face, information and technology are used across the Partnership for record keeping, planning and communicating. Using information and technology in the most effective and efficient way includes people having access to the right information, at the right time, for the right purpose.

Power BI – NHS Dumfries and Galloway and Dumfries and Galloway Council are using PowerBI software which comes as part of Microsoft Office 365 to develop information reports and dashboards. This will improve people's access to information and reduce the amount of manual processing required. A local peer network is helping people working in knowledge, information and data roles, in both organisations, to learn how to make the best use of the new software. In the longer term, more information will be available to practitioners when they need it, and it will take less effort.

Windows 10 and Microsoft Office 365 – All NHS Scotland boards have been upgrading their computers to Windows 10 and the cloud version of Microsoft Office. This will bring the NHS in line with the local authority and make working together and safely sharing information much easier. People working in the NHS have been issued with new email addresses and Teams profiles. And thousands of computers and telephones have been replaced, enabling people to effectively use video technology and work from home. It has been a huge job because over 4,500 people work for NHS Dumfries and Galloway.

Patient Hub - Since September 2021 hospital appointments have started to be sent using PatientHub, a secure system that enables people to receive their appointment details on their smart phone, tablet, laptop or personal computer. The benefits include:

- being able to access your hospital appointment information instantly

- adding your appointment information to your own electronic diary

- receiving appointment reminders

- reducing paper, printing and postage costs.

10. Financial Performance and Best Value

10.1 Summary

The IJB delivered a balanced financial position for 2021/22, this was after additional resource of £12.876 million received from the NHS Board for the delegated NHS budget, passing through a share of the additional non-recurring, non-repayable funding received from Scottish Government to support the in-year deficit on the financial position. This has been an extraordinary year due to the COVID-19 pandemic with savings delivery continuing to be significantly impacted by the pandemic.

The final position of the IJB reports a break-even position. This has been delivered in line with the Integration Scheme, with the NHS Board providing £12.876 million to support the overspend in the Health element of the delegated budget.

The total delegated resource to the Integration Authority in 2021/22 was £461.1 million, as summarised in the table below.

IJB Service	2021/22 Spend £000s
Council Services	
Adult Social Work, Children and Families, Addictions	17,009
Adults with Addiction or Substance Misuse	224
Children and Families	92
Older People	19,487
People with Physical Disability	6,691
People with a Learning Disability	28,392
People with Mental Health Need	2,709
Strategic Planning	2,419
Services Commissioned from Dumfries and Galloway Council	**77,023**
NHS Services	
Acute and Diagnostic Directorate	145,211
E Health	6,960
Facilities and Clinical Support	18,526
Mental Health Directorate	26,740
Community Health and Social Care (NHS)	64,566
Primary Care Services	52,817
Resource Transfer, Social Care Fund, Strategic Planning	43,711
Women and Children's Directorate	25,544
Services Commissioned from NHS Dumfries and Galloway	**384,075**
Total Delegated Services	**461,098**

10.2 Financial performance 2021/22

Full details of the IJB performance as compared to budget has been included in appendix 3. This information has been reviewed from previous years to more closely align with the annual accounts segmental performance.

There are a few areas to note in the position:

- A balance position was only achieved by use of non-recurring funding from Scottish Government via the NHS Board and reflects the significance of the underlying financial deficit.

- The position is underpinned by additional funding to support COVID-19 costs of £23.081m for 2021/22. This supported the vaccination programme, Test and Protect, cost of Personal Protective Equipment (PPE), provider sustainability support and all associated COVID-19 activities.

- There continues to be financial pressures across all services and significant shifts in spend, and continued increase in use of agency and locum spend which is increasing the overall pay costs.

- A review of the Community Health and Social Care directorate was undertaken during 2021/22 with budget reviewed and realigned to support revised management structures.

10.3 Key financial risks and uncertainties

The IJB faces ongoing service and cost pressure arising from a range of factors. Both the NHS and Local Authority are facing challenges in meeting the demands for services within the finances available. This will have a direct consequence on the funding provided to the IJB and the level of savings required to return to budget levels.

The impact of the COVID-19 pandemic, and the pressures of remobilising services, means that identifying savings has become very difficult. This year we have also seen an increasing number of temporary funding sources that lack clarity on how long they will continue.

Many of the challenges and risks faced by the Partnership in-year continued from previous years, such as:

Workforce challenges - Vacancies across both medical staffing and nursing, as well as Allied Health Professionals (AHPs), led to ongoing demand for expensive agency use to fill gaps. Social Care Providers also continue to find it difficult to recruit to care home and care at home vacancies.

Growth in Primary Care and Secondary Care Prescribing - With increasing volume and new drug therapies available for treating people with complex needs.

Price Pressures - Relating to general inflation, fuel costs and wage rises. These pressures have increased exponentially as we move into 2022/23.

Activity/ demand pressures - In 2021/22 there has been a substantial increase in demand for services. Hospital occupancy, the number of people needing care at home and care home placements has reached record levels. Together with the challenges listed above, this is impacting on the Partnership's ability to deliver services within the funding available and transform services.

The IJB, like many other public bodies, faces significant financial challenges and is required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook and increasing demand for services.

The IJB has developed an integrated Financial Plan for 2022/23 with the objective that it operates within the resource available. This will be extended from a 1 year plan to a 3 year plan, as greater certainty emerges around the longer term funding position including future year's support for COVID-19 activities such as the vaccination programme. Alongside this, a Financial Recovery Plan has been developed to manage both the short term and longer term funding pressures.

The IJB carried forward ring fenced reserves of £16.4 million into 2021/22 relating to the balance of the Social Care Fund and Alcohol and Drug Partnership monies. At the end of March 2022, these had increased to £30.8 million as set out below. A combination of a reduced rate of spending on projects during the pandemic, additional resources from Scottish Government to support COVID-19, and additional funds for winter planning have driven the increase. Any reserve allocated for COVID-19 activity will be used for COVID-19 costs in 2022/23 for the delegated services. These ring fenced monies are fully allocated and remain set aside for their original purposes only. The IJB has no general reserves.

Ring fenced reserves	31 March 2021	31 March 2022
Social Care Fund	£2.6m	£1.7m
Adults Social Care Winter Planning	£3.8m	£2.3m
COVID-19 Costs and Local Mobilisation Plan	£7.8m	£16.3m
Integrated Care Fund	£0.3m	£0m
Primary Care Improvement Fund	£0.4m	£2.3m
Mental Health Strategy	£0.2m	£0.5m
Community Living Change Fund	£0.5m	£0.5m
Alcohol and Drugs Partnership	£0.8m	£1.6m
Mental Health Recovery and Renewal	£0m	£2.3m
Winter Planning Health and Social Care	£0m	£3.3m
Total	**£16.4m**	**£30.8m**

10.4 Best Value

The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.

NHS Dumfries and Galloway and Dumfries and Galloway Council delegated functions and budgets to the IJB in accordance with the provision of the Integration Scheme. The IJB decides how to use these resources to achieve the objectives set out in the Strategic Commissioning Plan. The IJB then directs both NHS Dumfries and Galloway and Dumfries and Galloway Council to deliver services in line with this plan.

The IJB is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for managing risk and ensuring decision making is accountable, transparent and carried out with integrity.

Evidencing Best Value involves self assessment by reviewing and updating the Best Value Statement available here through the annual accounts process. This approach has been developed through assessment of best practice in other Health and Social Care Partnerships (HSCPs) and uses Audit Scotland Best Value prompts.

11. Significant Decisions and Directions

11.1 Significant Decisions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service outwith the context of the SCP. A process for making significant decisions is in place and includes consulting the IJB Strategic Planning Group and people who use, or may use the service.

No Significant Decisions were made by the IJB in 2021/22.

11.2 Directions

Integration Authorities require a mechanism to action their SCP and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to the Health Board or Local Authority or both.

Directions may name the Health Board or Local Authority or both to implement a direction. A direction will remain in place until it is revoked, varied or superseded by a later direction in respect of the same function.

The following Directions were active during 2021/22:

Reference number	Direction title	Date issued	To whom
IJBD01/17	Dumfries and Galloway Strategy for Mental Health 2017-2027	30/11/2017	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD1803	Development of a Dumfries and Galloway Learning Disability Strategy	29/11/2018	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2003	Implement the D&G IJB Digital Health and Care Strategy 2020-2024	06/08/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2004	Implement the D&G IJB Plan for Palliative Care	23/09/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2005	Implement the D&G IJB Housing with Care and Support Strategy 2020-2023	23/09/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2006	Drug and Alcohol Strategy 2020/21	23/09/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2007	Phase 2 of the Transforming Wigtownshire Programme	19/11/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2102	Investment in Care and Support Services (CASS)	19/03/2021	Dumfries and Galloway Council
IJBD2103	Investment in Short Term Assessment and Reablement Service	19/03/2021 (Retrospective)	Dumfries and Galloway Council
IJBD2104	Implement the New Flexible Framework for Care and Support at Home	18/03/2021	Dumfries and Galloway Council
IJBD2105	Establish a Flow Navigation Centre	18/03/2021	NHS Dumfries and Galloway

Reference number	Direction title	Date issued	To whom
IJBD2106	Establish a delivery model for GP Out of Hours	18/03/2021	NHS Dumfries and Galloway
IJBD2107	Ophthalmology - Shared Care Pilot	18/03/2021	NHS Dumfries and Galloway
IJBD2108	Redesign Orthopaedic Pathways	18/03/2021	NHS Dumfries and Galloway
IJBD2109	Dementia Care Improvement Programme	18/03/2021	NHS Dumfries and Galloway
IJBD2110	Virtual Consultations	18/03/2021	NHS Dumfries and Galloway
IJBD2111	Develop a plan for Community Based Testing	18/03/2021	NHS Dumfries and Galloway
IJBD2112	Implement the use of My PreOp	18/03/2021	NHS Dumfries and Galloway
IJBD2113	Establish Single Access Point	18/03/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2114	Establish Home Teams	18/03/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2115	eCommunication for appointment management	18/03/2021	NHS Dumfries and Galloway
IJBD2116	Business Modernisation (review of clinical time spent on administrative work)	18/03/2021	NHS Dumfries and Galloway
IJBD2117	Planning Future Priorities	18/03/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
New in 2021/22			
IJBD2118	Providing Acute Hospital Services	27/05/2021	NHS Dumfries and Galloway
IJBD2119	Providing Community Health Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2120	Providing Primary Care Services	27/05/2021	NHS Dumfries and Galloway
IJBD2121	Providing Mental Health Services	27/05/2021	NHS Dumfries and Galloway
IJBD2122	Providing Paediatric Services	27/05/2021	NHS Dumfries and Galloway
IJBD2123	Providing Older People Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2124	Supporting Older Adults with Physical and Learning Disabilities	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2125	Providing Drug and Alcohol Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2126	Providing and Commissioning Care at Home Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2127	Supporting Adult Protection and Domestic Abuse Responses	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2128	Supporting Unpaid Carers	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway

12. Review of the Strategic Plan

The Dumfries and Galloway Integration Joint Board (IJB) first Strategic Commissioning Plan 2016-19 was agreed in April 2016. This plan was developed by consulting with, and listening to, people who use services, their families, Carers, members of the public, people who work in health and social care, and third sector and independent sector partner organisations. It sets out the vision of the IJB, the case for change, how we plan to achieve the vision, priority areas of focus and our commitments against each of these.

The Public Bodies (Scotland) Act 2014 places a legislative requirement on integration authorities to review their strategic plans at least once in every relevant period.
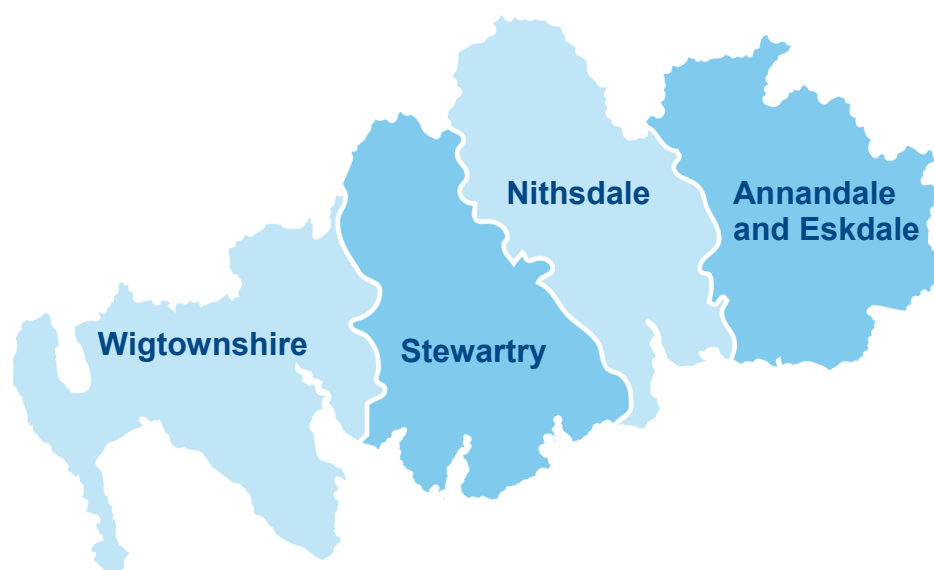
The IJB agreed on 5 April 2018 that the SCP should be retained, restarting the relevant period from the date of this decision. Therefore, the new period of relevance for the Dumfries and Galloway Health and Social Care Partnership SCP was April 2018 to March 2021.

In accordance with the Coronavirus (Scotland) Act 2020 (here), this was extended another year to enable the development of the next SCP.

The new SCP was approved by the IJB on 10 March 2022 and covers the relevant period of April 2022 to March 2025. It is available here: https://dghscp.co.uk/wp-content/uploads/2022/03/IJB-Strategic-Commissioning-Plan-2022-2025.pdf

13. Localities

The 4 localities in Dumfries and Galloway defined in the Health and Social Care Partnership follow the traditional boundaries of Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire. The boundaries of the localities are aligned to the 4 GP Practice clusters and the 8 Home Teams across the region. These structures support the local planning and delivery of health and social care services. Locality Reports are produced every 6 months and are submitted to the respective Area Committee. Copies of these reports can be found at dghscp.co.uk/performance-and-data/our-performance/ .

Appendix 1: National Core Indicators

Indicator		2017/18		2019/20		2021/22	
		Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway
A1	Percentage of adults able to look after their health very well or quite well	93%	93%	93%	93%	91%	92%
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81%	85%	80%	81%	65%	70%
A3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	80%	75%	76%	55%	62%
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	83%	74%	76%	54%	60%
A5	Total % of adults receiving any care or support who rated it as excellent or good	80%	85%	80%	80%	62%	68%
A6	Percentage of people with positive experience of the care provided by their GP practice	83%	86%	79%	84%	67%	75%
A7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%	86%	80%	82%	62%	71%
A8	Total combined % carers who feel supported to continue in their caring role	37%	40%	34%	35%	30%	31%
A9	Percentage of adults supported at home who agreed they felt safe	83%	87%	83%	82%	67%	74%

Source: Public Health Scotland, HACE Dashboard
(p) = provisional result

- We are meeting or exceeding the target or number we compare against
- We are within 3% of meeting the target or number we compare against
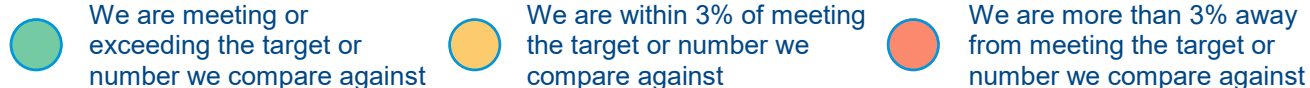- We are more than 3% away from meeting the target or number we compare against

Indicator		Year 1	Year 2	Year 3	Year 4	Year 5
A10	Percentage of staff who say they would recommend their workplace as a good place to work	Time Period			Awaiting national development		
		Scotland					
		Dumfries and Galloway					
A11	Premature mortality rate per 100,000 persons	Time Period	2017	2018	2019	2021	2022
		Scotland	425	432	426	457	460
		Dumfries and Galloway	381	378	389	392	419
A12	Emergency admission rate (per 100,000 population) – Adults	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	12,192	11,788	12,179	10,469	11,293
		Dumfries and Galloway	13,066	12,799	13,213	11,334	12,230
A13	Emergency bed day rate (per 100,000 population) – Adults	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	122,388	120,155	118,288	101,852	90,901
		Dumfries and Galloway	133,818	137,218	145,275	117,649	102,928
A14	Readmission to hospital within 28 days (per 1,000 admissions)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	103	103	105	114	107
		Dumfries and Galloway	95	91	94	103	94
A15/ E5	Proportion of last 6 months of life spent at home or in a community setting	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	88%	88%	88%	90%	90%
		Dumfries and Galloway	88%	88%	87%	89%	90%
A16	Falls rate per 1,000 population aged 65+	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	22.2	22.5	22.8	21.7	22.7
		Dumfries and Galloway	18.7	18.1	21.0	20.0	19.8
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	85%	82%	82%	82%	76%
		Dumfries and Galloway	87%	81%	78%	84%	80%
A18	Percentage of adults with intensive care needs receiving care at home	Time Period	2018	2019	2022	2021	2022
		Scotland	62%	63%	63%	65%	Awaiting national publication
		Dumfries and Galloway	62%	70%	71%	72%	

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	762	793	774	484	761
		Dumfries and Galloway	554	608	787	257	799
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Time Period	2017/18	2018/19	2019/20	2020	2021/22
		Scotland	24%	24%	24%	21%	Awaiting national publication
		Dumfries and Galloway	24%	25%	27%	22%	
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Time Period					
		Scotland			Awaiting national development		
		Dumfries and Galloway					
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Time Period					
		Scotland			Awaiting national development		
		Dumfries and Galloway					
A23	Expenditure on end of life care, cost in last 6 months per death	Time Period					
		Scotland			Awaiting national development		
		Dumfries and Galloway					

Appendix 2: Indicators regularly monitored by the Partnership

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
B1	Detect cancer early (Target: 33.3%)	Time Period	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
		Scotland	25.4%	25.3%	25.5%	25.6%	24.1%
		Dumfries and Galloway	22.4%	26.9%	31.7%	30.4%	26.9%
B2.1	The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat (Target; 95%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	94%	95%	96%	98%	96%
		Dumfries and Galloway	97%	96%	99%	98%	98%
B2.2	The percentage of people diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral (Target: 95%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	85%	81%	84%	83%	77%
		Dumfries and Galloway	95%	92%	91%	88%	77%
B3	The number of people newly diagnosed with dementia who have a minimum of 1 years post diagnostic support (Target: 100%)	Time Period	2015/16	2016/17	2017/18	2018/19	2019/20
		Scotland	83%	76%	73%	75%	81%
		Dumfries and Galloway	97%	95%	89%	86%	73%
B4	People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG)) (Target:100%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2021
		Scotland	76%	68%	69%	72%	64%
		Dumfries and Galloway	78%	81%	73%	71%	54%
B5	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland	81%	77%	80%	75%	72%
		Dumfries and Galloway	84%	88%	86%	73%	72%

Source: Public Health Scotland
(p) = provisional result

🟢 We are meeting or exceeding the target or number we compare against

🟡 We are within 3% of meeting the target or number we compare against

🔴 We are more than 3% away from meeting the target or number we compare against

Indicator		Year 1	Year 2	Year 3	Year 4	Year 5
B6	The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment (Target: 95%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland	75%	75%	75%	48%	68%
		Dumfries and Galloway	90%	96%	93%	53%	67%
B7	The percentage of people who waited no longer than 6 weeks for diagnostic tests and investigations (Target: 100%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	81%	84%	79%	57%	49%
		Dumfries and Galloway	98%	95%	80%	89%	92%
B8	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation	Time Period	2017/18	2018/19	2019/20	2020/21	Jan - Dec 2021
		Scotland	86.2%	87.6%	88.3%	88.5%	88.5%
		Dumfries and Galloway	85.4%	85.8%	84.2%	85.4%	80.8%
B9	The percentage of eligible people who commence IVF treatment within 12 months of referral (Target: 100%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	100%	100%	100%	100%	100%
		Dumfries and Galloway	100%	100%	100%	100%	100%
B10	The percentage of young people who start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral (Target: 90%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	71%	74%	67%	73%	73%
		Dumfries and Galloway	90%	90%	87%	88%	91%
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	78%	77%	78%	81%	83%
		Dumfries and Galloway	78%	74%	67%	74%	75%
B12	The rate of Clostridium Difficile infections in people aged 15 and over per, 1,000 total occupied bed days (Target: 0.32)	Time Period	Dec 2017	No longer nationally reported in this format			
		Scotland	0.28				
		Dumfries and Galloway	0.39				
B13	The rate of Staphylococcus Aureus Bacteraemias (MRSA/ MSSA) per, 1,000 total occupied bed days (Target: 0.24)	Time Period	Dec 2017	No longer nationally reported in this format			
		Scotland	0.33				
		Dumfries and Galloway	0.28				

Indicator		Year 1	Year 2	Year 3	Year 4	Year 5
B14	The percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery (Target: 90%)	Time Period	Dec 2017	Oct - Dec 2018	Jan—Mar 2020	Jan—Mar 2021	Jan—Mar 2022
		Scotland	94%	94%	95%	96%	92%
		Dumfries and Galloway	98%	93%	93%	95%	100%
B15	Number of alcohol brief interventions delivered in three priority settings (primary care, accident and emergency and antenatal care) (Target)	Time Period	2017/18	2018/19	2019/20		
		Scotland	61,081 (81,177)	80,575 (61,081)	75,616 (61,081)	Paused during COVID-19 pandemic	
		Dumfries and Galloway	1,105 (1,743)	1,078 (1,743)	896 (1,743)		
B16	Number of successful 12 weeks post quit smoking (Target)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22 (provisional)
		Scotland	81% (9,404)	94% (7,568)	97% (7,026)	85% (1,041)	56% (7,026)
		Dumfries and Galloway	72% (230)	114% (175)	112% (161)	153% (161)	104% (161)
B17	GP practices provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of people (Target: 90%)	Time Period		2017/18		2019/20	2020/21
		Scotland		93%		64%	89%
		Dumfries and Galloway		96%		74%	95%
B18	Sickness absence rate for NHS employees (Target: 4%)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	5.4%	5.4%	5.3%	4.7%	5.7%
		Dumfries and Galloway	4.9%	5.2%	4.8%	4.7%	5.5%
B18(s)	Sickness absence rate for adult social work employees (Target: n/a)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland					
		Dumfries and Galloway	7.8%	7.7%	6.4%	6.3%	5.7%
B19	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland	88%	91%	89%	89%	72%
		Dumfries and Galloway	90%	93%	89%	90%	80%
B20	The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement (Target:	Time Period	2017/18	2018/19			
		Scotland			No longer published by Scottish Government		
		Dumfries and Galloway	100%	100%			

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	70%	74%	75%	75%	76%
C2	The number of adults accessing Self Directed Support (SDS) Option 1	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	325	345	348	380	467
C3	The number of adults accessing Self Directed Support (SDS) Option 2	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway		12	17	17	33
C4	The number of adults accessing Self Directed Support (SDS) Option 3	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	2,434	2,388	2,451	2,462	2,242
C5	The number of Carers being supported with a ACSP	Time Period	2017/18	2018/19	Mar-2020	Mar-2021	Mar-2022
		Scotland					
		Dumfries and Galloway	112	198	173	147	148
C6	Proportion of people aged 65 and over receiving care at home (via Option 3) with intensive needs (10 hours or more)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	50%	46%	43%	45%	47%
C7	The number of adults under 65 receiving personal care at home (via Option 3)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	616	617	662	691	620
C8	Total number of care at home hours provided as a rate per 1,000 population aged 65 and over	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	635	568	541	572	480
C9	Percentage of referrers receiving feedback on actions within 5 days of receipt of referral	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	65%	59%	46%	18%	17%

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
E1	The number of emergency admissions per month for people of all ages	Time Period	Dec 2017	Dec 2018	New format (E1.1 and E1.2)		
		Target	1,400	1,400			
		Dumfries and Galloway	1,554	1,585			
E1.1	The number of emergency admissions per month for people aged under 18 years	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			216	216	216
		Dumfries and Galloway			179	156	238
E1.2	The number of emergency admissions per month for people aged 18 years and older	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			1,266	1,266	1,266
		Dumfries and Galloway			1,272	1,265	1,219
E2	The number of unscheduled hospital bed days for **acute specialties** per month for all people	Time Period	Dec 2017	Dec 2018	New format (E2.1, E2.2, E2.3 and E2.4)		
		Target	11,320	11,212			
		Dumfries and Galloway	12,136	11,254			
E2.1	The number of unscheduled hospital bed days for **acute specialties** per month for people aged under 18 years (Target)	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			312	312	312
		Dumfries and Galloway			288	245	379
E2.2	The number of unscheduled hospital bed days for **acute specialties** per month for people aged 18 years and older	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			10,706	10,706	10,706
		Dumfries and Galloway			11,343	10,259	9,897
E2.3	The number of unscheduled hospital bed days for **mental health** per month for people aged under 18 years	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			166	166	166
		Dumfries and Galloway			120	108	107p
E2.4	The number of unscheduled hospital bed days for **mental health** per month for people aged 18 years and older	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			6,559	6,559	6,559
		Dumfries and Galloway			7,961	8,184	8,216

Source: Public Health Scotland
(p) = provisional result

We are meeting or exceeding the target or number we compare against

We are within 3% of meeting the target or number we compare against

We are more than 3% away from meeting the target or number we compare against
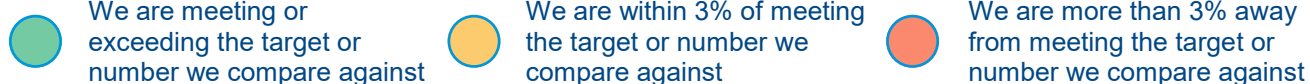
Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
E3	The number of people attending the emergency department per month	Time Period	Mar-2018	Mar-2019	Mar-2020	Mar-2021	Mar-2022
		Target	3,851	3,880	3,953	3,953	3,953
		Dumfries and Galloway	3,752	3,693	2,963	2,570	3,610
E4	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older	Time Period	Mar-2018	Mar-2019	Mar-2020	Mar-2021	Mar-2022
		Target	998	1,019	1,019	1,019	1,019
		Dumfries and Galloway	1,176	1,648	1,345	854	2,501
E6	The percentage of population aged 65 or older in community settings (supported or unsupported)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Target	(96.4%)	(96.4%)	(96.4%)	(96.4%)	
		Dumfries and Galloway	96.4%	96.5%	96.4%	96.9%	Not updated

Appendix 3: Past financial performance 2017/18 to 2020/21

IJB Delegated Budgets	2017/18			2018/19			2019/20			2020/21			2021/22		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Council Services															
Adult Services	13,632	13,916	(284)	14,392	13,972	420	16,258	15,662	596	15,461	15,756	(295)	16,607	17,009	(402)
Adults with addiction or Substance Misuse	263	224	39	263	224	39	224	224	0	232	224	8	224	224	0
Children and Families	107	104	3	107	101	6	95	90	5	93	90	3	91	92	(1)
Older People	18,348	17,916	432	17,630	17,160	470	17,432	16,908	524	18,300	17,839	461	20,297	19,487	810
People with Physical Disability	5,529	5,165	364	5,283	5,543	(260)	5,491	5,830	(339)	5,746	5,437	309	6,798	6,691	107
People with Learning Disability	18,632	19,671	(1,039)	20,635	21,990	(1,355)	23,150	24,384	(1,234)	25,030	25,485	(455)	28,348	28,392	(44)
People with Mental Health Need	2,117	1,632	485	1,692	1,367	325	1,713	1,717	(4)	1,997	1,941	56	2,081	2,709	(628)
Strategic Commissioning	0	0	0	2,512	2,157	355	2,463	2,011	452	2,293	2,380	(87)	2,577	2,419	158
Subtotal Council Services	**58,628**	**58,628**	**0**	**62,514**	**62,514**	**0**	**66,826**	**66,826**	**0**	**69,152**	**69,152**	**0**	**77,023**	**77,023**	**0**
NHS Services															
Acute and Diagnostics	105,993	107,242	(1,249)	112,215	114,042	(1,827)	119,922	122,953	(3,031)	131,370	132,511	(1,141)	143,899	145,211	(1,312)
E Health	6,051	6,339	(288)	5,162	4,956	206	5,006	5,052	(46)	6,466	6,473	(7)	7,208	6,960	248
Facilities and Clinical Support	14,629	14,864	(235)	16,366	16,507	(141)	16,003	16,572	(569)	18,193	18,079	114	17,810	18,526	(716)
Mental Health Directorate	21,311	21,032	279	21,720	21,546	174	23,309	23,139	170	26,907	26,403	504	26,837	26,740	97
Community Health and Social Care (NHS)	57,618	59,000	(1,382)	58,833	60,982	(2,149)	64,134	66,011	(1,877)	67,213	68,724	(1,511)	62,934	64,566	(1,632)
Primary Care Services	42,258	41,732	526	44,534	44,580	(46)	47,378	47,404	(26)	52,741	53,082	(341)	53,184	52,817	367
Strategic IJB Services	23,052	20,861	2,191	25,471	22,630	2,841	23,230	18,587	4,643	46,600	44,512	2,088	46,672	43,711	2,961
Women and Children	20,577	20,419	158	21,260	20,318	942	23,065	22,329	736	24,327	24,033	294	25,531	25,544	(13)
Subtotal NHS Services	**291,489**	**291,489**	**0**	**305,561**	**305,561**	**0**	**322,047**	**322,047**	**0**	**373,817**	**373,817**	**0**	**384,075**	**384,075**	**0**
Total delegated Budget and Spend	**350,117**	**350,117**	**0**	**368,075**	**368,075**	**0**	**388,873**	**388,873**	**0**	**442,969**	**442,969**	**0**	**461,098**	**461,098**	**0**

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Dumfries and Galloway

Integration Joint Board

Annual Performance Report

Easy Read

2021/22

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A message from Dumfries and Galloway Integration Joint Board

Laura Douglas
Chair of the Dumfries and Galloway Integration Joint Board

My name is Laura Douglas and I am the Chair of the Integration Joint Board (IJB) for Dumfries and Galloway.

We call the Integration Joint Board the IJB for short.

Every year we write a report to tell people what we have been doing well and what we could do better.

Who are the IJB?

The IJB is made up of people from the NHS, Dumfries and Galloway Council and Third Sector and Independent Sector organisations.

The IJB are responsible for a lot of the health and social care delivered to people across Dumfries and Galloway.

The Third Sector includes voluntary organisations like charities and community groups.

The Independent Sector includes some care homes and care and support providers as well as some support organisations.

What is this report about	
	Every year we look at what we have been doing and see what we could do better. We also think about what we have learned. This report shares some of that information with you.

National Outcomes	
	The Scottish Government have 9 National Health and Wellbeing Outcomes for Scotland. An outcome is the end result of something that you or someone else does. The wording of the national outcomes can be complicated. We have changed the wording to make them easier to understand.

Outcome 1

People are able to look after and improve their own health and wellbeing. People can live in good health for longer.

Looking after yourself can include:

- eating healthily

- getting enough exercise

- sleep

- spending time with people

How we did:

✓ 9 out of every 10 people told us they were able to look after their health "very well" or "quite well".

✓ People who needed advice about staying safe from drugs or alcohol didn't have to wait long for help.

✗ More people than normal are coming to the hospital Emergency department for help, and waiting longer.

✗ More people have been seriously hurt after falling over and needed to go into hospital.

My House

Outcome 2

People are able to live independently and at home or in a homely setting in their community.

Around 4,500 people are supported to live at home or in a homely setting like care homes and supported accommodation. It is important that people have choice and control over how they live.

How we did:

✓ More healthcare support workers have been hired to help people in the community.

✓ More people are choosing to arrange their own care at home support. We call this Self Directed Support Option 1.

✓ 8 out of every 10 people agreed that they are supported to live as independently as possible.

✗ There were 319 people waiting for a long term care package.

Outcome 3

People who use our services have good experiences, and have their dignity respected

There are lots of ways people can give us feedback and we try to make it as easy as possible.

Every 2 years there is a survey to ask people what they think of health and social care.

How we did:

✓ People in Dumfries and Galloway were happier with health and social care services than the rest of Scotland.

✗ People told us that they were less happy with services during COVID-19 than they were before.

✗ It is taking a long time to sort out some people's complaints.

Outcome 4

We want to help people keep or improve their quality of life.

How we did:

✓ Better ways to care for and support people with a Learning Disability are being developed.

✓ 7 out of every 10 people said that care and support helped them improve or keep their quality of life.

✗ There were 79 people in hospital who were ready to go home but couldn't.

✗ Compared to the rest of Scotland, fewer people in Dumfries and Galloway manage the money for their care themselves.

Outcome 5

We want to help reduce health inequalities.

Health inequalities are when people's health is not as good because of things that they can't change, like living with a health condition or disability.

Health inequalities can also be about the access people have to care and things that make that difficult.

How we did:

✓ Most people tell us they have access to the internet.

✓ We have set up support networks for people who work in health and social care from different backgrounds.

✗ Support to stop smoking is available but a large number of women still smoke while they are pregnant.

✗ Pregnant women in poorer communities were less likely to be seen early in their pregnancy and offered support and help if needed.
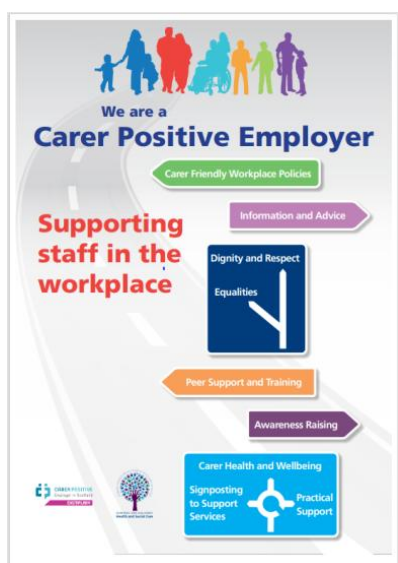
Outcome 6

We support people who provide unpaid care.

Many people who provide unpaid care to a loved one have told us they are feeling tired and worn out.

How we did:

✓ Over 200 Carers were helped to set up Support Plans.

✓ A Carers Hub has opened in Dumfries and Galloway Royal Infirmary where Carers, families and staff can access advice and support.

✓ The Council and NHS have gained the highest Carers Positive award for supporting staff in the workplace who are unpaid Carers.

✓ 7 out of every 10 Carers felt they had a good balance between caring for someone and other things in their life.

✗ Only 3 out of every 10 Carers felt like they had enough support.

Outcome 7

People using health and social care services are safe from harm.

Keeping people safe is about looking out for people who need protection but also looking out for people's health.

How we did:

✓ Most people who were offered vaccines for flu and other illnesses had them, so fewer people got really ill.

✗ There were more reports of people who needed protection that needed a formal investigation.

✗ Cancer screening was stopped during COVID-19 and now lots of people need to be seen quickly.

✗ Some operations had to be cancelled because the hospital has been so busy.
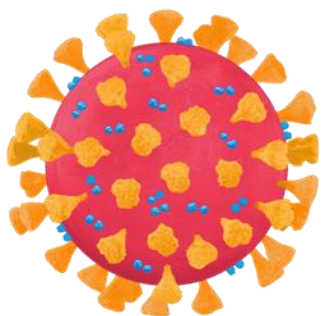
Outcome 8

People who work for us enjoy their work and are supported to improve things.

How we did:

✓ Work has been more difficult for a lot of people in the last year. There was extra wellbeing support available.

✓ A small project to help unemployed young people was successful and helped them find jobs in health and social care.

✗ To deliver safe care there needs to have enough people to do it. This has been difficult and getting more staff is our main challenge.

✗ The number of people working across health and social care who have been ill has been much higher than normal, because of COVID-19.

Outcome 9

We use our resources well. Resources can mean things like staff, buildings, equipment and money.

How we did:

✓ More people work in Mountain Hall Treatment Centre (the old hospital) instead of in lots of different buildings. This saves money.

✓ Staff have been given newer computers so they can work in new ways, like video calls and working from home.

✓ People who are still waiting for health appointments are being contacted to make sure the people most in need get seen first. Very few people have been waiting more than 18 months.

✗ Most of our services are not meeting waiting time targets set by Scottish Government. It is the same across Scotland.

Care Homes

Around 1,000 local people live in care homes in Dumfries and Galloway. Care homes have been badly affected by COVID-19 because the people who live there are more at risk of becoming ill.

How we did:

✓ A team of people has been helping care homes to keep people safe.

✓ People living in care homes got their COVID-19 vaccines first.

✗ Some care homes have had poor ratings from the Care Inspectorate. They are getting help to improve.

✗ One care home in Dumfries and Galloway had to close and the people living there had to move out. This was upsetting for them, their families and the staff.

Finance

The IJB has a set amount of money to pay for everything each year. They are not allowed to go over that amount. Most of that money is spent on paying staff wages and people's medicines.

How we did:

✓ Care and support was delivered with the money that was available.

✗ Too much money is being spent on agency workers.

✗ People's medicines have cost more than planned.

✗ Things are getting more expensive to buy which makes it difficult to do everything that is needed. This will mean that we may have to do some things in a different way.

Thank you for reading our Easy Read report.

We want our Easy Read documents to be as helpful as possible.
If you think there are ways we can make this document better,
please tell us.

You can contact the team by phoning 01387 272734 or emailing
dg.spcp@nhs.scot

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COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023
BUSINESS BRIEF

Item 10

Author: **Stephen Jack, Lifelong learning Manager**	**Responsible Senior Officer:** **Richard Grieveson, Head of Community Services**

1. Situation:

1.1 This Briefing provides an update on recent progress in relation to strategic developments since the previous updates were provided to the Board on 11 November 2023.

2. Background:

2.1 The business brief is used to update CPPB Members on key local and national projects/initiatives which have key relevance to Community Planning along with relevant Governance matters as appropriate.

3. Key issues:

3.1 For the March meeting, specific matters to bring to Board Members attention include:
- Scottish Parliament Inquiry into Community Planning;
- Local Development Plan evidence report – defining Gypsies and Traveller: consultation;
- Position of Chair in relation to the Poverty & Inequalities Partnership;
- Membership update.

4. Recommendation:

Board Members are invited to;

4.1 Note the position on the key issues outlined in this report as detailed in **Appendix 1;** and

4.2 Endorse the approach being suggested in **Appendix 1** to make the Independent Chair position of the Poverty & Inequalities Partnership a paid position going forward.

Appendices (1)
1 - Key updates

Stephen Jack – Lifelong Learning Manager

BUSINESS BRIEFING– MARCH 2023

1. Key issues

1.1   Community Planning Inquiry

1.1.1   An Inquiry through the Scottish Parliament was launched in November 2022 as follows:

"Community Planning aims to improve how organisations such as local government, health boards, and the police work together with other partners to improve local outcomes in an area. Community Planning Partnerships ('CPPs') exist in every local authority to identify priorities and to share resources to deliver services for people.

Part 2 of the Community Empowerment Act (2015) changed how community planning is delivered by CPPs. They have to develop Local Outcomes Improvement Plans and targeted 'locality plans' for smaller areas which need more support. Partners also have to work with communities to involve them in community planning.

This inquiry examines the impact of the Act on community planning and how CPPs respond to significant events such as the Covid-19 pandemic and the current cost-of-living crisis."

1.1.2   With a tight timeline specified for consultation returns, a response was submitted on behalf on the Community Planning Partnership to meet the early January 2023 deadline. The response covered key areas of learning such as:

- D&G's multi-agency response to COVID-19
- Progress against the current LOIP/Locality Plan
- Strengthened work linked to the Community Empowerment Act through Community Asset Transfer; Participation Requests; Community Engagement
- Establishment of a Place Planning Partnership
- New arrangements for Poverty & Inequalities
- Partnership response to the Cost of Living

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1.2   Local Development Plan evidence report – defining Gypsies and Traveller:consultation

1.2.1   The Scottish Government wishes to ensure planning authorities properly involve the Gypsy/Traveller community in planning the future of their places. The Planning (Scotland) Act 2019 therefore requires planning authorities to seek the views of Gypsies and Travellers in preparing Evidence Report for their Local Development Plans (LDPs) and to include a summary of the action taken by planning authorities to meet accommodation needs of Gypsies and Travellers.

1.2.2   A previous consultation in late 2021/early 2022 on Local Development Plan regulations and guidance proposed to hold a separate consultation on the definition of Gypsies and Travellers for the above purposes, to enable targeted involvement of the community and an explanation of the specific matters associated with this requirement.

1.2.3   Scottish Government are now seeking views on a proposed definition of 'Gypsies and Travellers' for the specific purposes of the planning legislation.

1.2.4   Views/responses received will be utilised to inform the drafting of secondary legislation, which provides the legal framework for preparing Local Development Plans (LDPs). Scottish Government are looking to engage with members of the Gypsy/Traveller community and other travelling communities and wish to hear from those working closely with them, third sector organisations/representative bodies of the Gypsy/Traveller community and local authorities.
Local development plans – defining Gypsies and Travellers: consultation - gov.scot (www.gov.scot)

1.2.5   The Gypsy Traveller Liaison Group and those involved in leading on the Local Development Plan 3 are all involved in preparing a response.

1.3   Poverty & Inequalities Partnership (P&IP) Governance
1.3.1   It was previously reported to the CPPB that the previous independent Chair of the P&IP, Malcolm Foley, stood down from the role as Chair in the latter part of 2022 due to personal reasons. Since that point, the Service Manager–Young People has stepped in to provide Leadership on an interim basis whilst recruitment was progressed to fill this position.

1.3.2   Interviews were held in early January 2023 but unfortunately none of the candidates displayed all of the requirements which the Recruitment of Chairperson Sub-Group Members agreed would be essential for this Post moving forward so no appointment was made.

1.3.3   The Poverty & Inequalities Partnership have discussed at length the way forward and numinously felt that the next step should be to re-advertise the vacancy

as a paid position to try and attract the calibre of candidate required to lead this complex and critical partnership going forward on the same basis that other partnerships have a paid Chair i.e. ADP, Adult Protection Committee.

<u>1.4   Membership update</u>
1.4.1   Since the previous meeting we have been advised that Maureen Dowden will be stepping down as the Housing Sector Representative with Alan Glasgow taking up the vacant position.
1.4.2   Councillor Gail MacGregor as new Dumfries & Galloway Council Leader will assume the position of Chair on the Community Planning Partnership Board.

Stephen Jack – Lifelong Learning Manager

COMMUNITY PLANNING PARTNERSHIP BOARD – 17 MARCH 2023

COMMUNITY PLANNING PARTNERSHIP BOARD AND COMMUNITY PLANNING EXECUTIVE GROUP – FORWARD PROGRAMME FOR 2023

ITEM 11

Author: Stephen Jack, Lifelong Learning Manager	Responsible Senior Officer: Richard Grieveson, Head of Community Services

1. Situation:

1.1 This report updates the Community Planning Partnership Board (CPPB) on arrangements for 2023 in relation to both the Executive Group and Community Planning Partnership Board meetings.

2. Background:

2.1 At the January CPEG meeting the following dates were confirmed for meetings during 2023 as follows:

Community Planning Partnership Board			
17 March	2 June	1 September	8 December

Community Planning Executive Group/Community Planning Senior Leadership Team				
29 March	May	August	October	November

3. Key Issues

3.1 With the new model for Community Planning seeing a change in Membership for both future Executive Group and Board meetings there will therefore be a transitional period to work through.

3.2 It is proposed that new membership for CPEG(Community Planning Senior Leadership Team) will commence from May 2023 subject to agreement on the new Community Planning Operating Protocol/Terms of Reference at today's meeting. Specific dates for the May, August, October and November meetings will be agreed with new members following this meeting.

3.4 An outline programme for future Senior Leadership Team and CPPB business has been developed and is attached in the **Appendix**. This will be flexible to capture emerging issues on the ground which require consideration.

4. Recommendation:

4.1 The CPPB is invited to consider and agree the meeting arrangements and outline programme for 2023 as set out in the **Appendix**; and

4.2 Continue to receive updates on future business at each CPPB meeting.

28.2.23

Appendix (1) – Forward Plan

Stephen Jack – Lifelong Learning Manager

APPENDIX - FORWARD PLAN 2023

COMMUNITY PLANNING EXECUTIVE GROUP/ COMMUNITY PLANNING SENIOR LEADERSHIP TEAM				
MARCH	**MAY**	**AUGUST**	**OCTOBER**	**NOVEMBER**
• Resettlement • Strategic Housing Forum	• Integrated Joint Board • Safer Communities	• Poverty & Inequalities • Regional Economic Partnership	• Equality & Diversity Working Group • Children's Services Partnership	• Local Employability Partnership • CLD Partnership • Participation & Engagement Working Group
	• LOIP/Locality Plan final documents			
	• Cost of Living		• Cost of Living	
• Locality Hubs – key issues (Stewartry/Wigtownshire)	• Locality Hubs – key issues (Nithsdale/Annandale & Eskdale)	• Locality Hubs – key issues (Stewartry/Wigtownshire)		• Locality Hubs – key issues (Nithsdale/Annandale & Eskdale)

• Locality Plan data profiles	• Community wealth Building and Anchor organisations	• LOIP Update
		  - Key projects
		  - Performance framework
		  - Place Planning
		  - Locality Plans
		  - Locality Hubs
		  - Stakeholder Group
			• LOIP Update
			  - Key projects
			  - Performance framework
			  - Place Planning
			  - Locality Plans
			  - Locality Hubs
			  - Stakeholder Group
				• LOIP Update
				  - Key projects
				  - Performance framework
				  - Place Planning
				  - Locality Plans
				  - Locality Hubs
				  - Stakeholder Group

• Risk Register	• Alignment of Strategic funding	• Risk Register		• Risk Register

		LOIP/Locality Plan end of year report 2022/23	
	• Community Planning Board Work Plan	• Community Planning Board Work Plan	

programmes to support the delivery of LOIP - TBC

COMMUNITY PLANNING BOARD			
17 MARCH	**2 JUNE**	**1 SEPTEMBER**	**8 DECEMBER**
• Outline proposals on the review of the LOIP/Locality Plan and Community Planning Model	• Agreement on the detailed supporting documentation for new LOIP/Locality Plan	• LOIP/Locality Plan end of year reports 2022/23	
	• Youth Council update/10,000 voices	• Youth Council Joint Meeting TBC	• Youth Council Joint Meeting TBC
• End of year reports on the LOIP/Locality Plan 2021/22		• LOIP Update - Key projects - Performance framework - Place Planning - Locality Plans - Locality Hubs - Stakeholder Group	• LOIP Update - Key projects - Performance framework - Place Planning - Locality Plans - Locality Hubs - Stakeholder Group
• Digital Skills Strategy		• Digital Updates	

• Draft Digital Exclusion Action Plan			
	• Final Digital Exclusion Action Plan		•
• Cost of Living	• Cost of Living	• Cost of Living	• Cost of Living
• Place Planning update			
	• Third Sector representation and "The Voice"		
• Updates on Key Plans/Strategies	• Thematic reporting on key plans/strategies linked to new LOIP/Locality Plan	• Thematic reporting on key plans/strategies linked to new LOIP/Locality Plan	• Thematic reporting on key plans/strategies linked to new LOIP/Locality Plan
• Business Brief	• Business Brief	• Business Brief	• Business Brief
• Forward Plan arrangements	• Forward Plan arrangements	• Forward Plan arrangements	• Forward Plan arrangements
	• Risk Register		• Risk Register
	• CPPB Work Plan		• CPPB Work Plan