



THIRD SECTOR DUMFRIES AND GALLOWAY

REPORT OF MEETINGS

Integration Joint Board

27 September 2023

THIRD SECTOR DUMFRIES AND GALLOWAY SUMMARY

Working together to put our sector first
Dumfries and Galloway's Third Sector Interface

PLEASE NOTE: THIS IS A PERSONAL RECORD BY THE CHIEF EXECUTIVE OF TSDG, NORMA AUSTIN HART. IT IS BASED ON MY OWN OBSERVATIONS. IT IS NOT A FORMAL MINUTE OF THE MEETING.

1. The IJB heard an update from its sub committees. There will be a IJB workshop in early 2024 for areas of assurance and governance in relation to the ADP. There are questions about the ADP's delegated authority.
2. There will also be a review of the delegated sub-committee structure and how well it is working. It is worth noting that if the chair or vice-chairs of the sub-committees there is no possibility of an update at the IJB meeting- a concern or risk for the IJB.
3. There was an update on the maternity services report from the Transformation Innovation and Futures sub-committee.
4. The finance forecast is still a serious deficit of around £20m by the end of the financial year.
5. One unintended consequence of the new sub-committee structure in my own view is to reduce the voice of the third sector. It is simply not possible to field TSDG staff or Voice representatives to all the sub committees. This is where the detailed policy work is being done now and we are unable to participate fully.
6. The main discussion was in relation to the report on the Right Care Right Place. It was presented by David Rowland, Director of Strategic Planning and Transformation, and Viv Gration Deputy Head of Strategic Planning and Commissioning.
7. In relation to the Right Care Right Place; the status quo in terms of care and support in communities is not sustainable. This report is presented as a key step towards decisions about the role of cottage hospitals among other forms of H&SCP community care. The plan will start in April 2024
8. Key points from me (asterisked are the focus):
 - a. How do we ensure bottom-up planning?
 - b. Community transport is mentioned several times as a key feature of transitioning*
 - c. 20-minute concept neighbourhood is not viable in D&G (made by Andy McFarlane)
 - d. Place principle is mentioned thus straying into community planning- what are the plans to joint that up?*
 - e. Important role of locality hubs- links to community support
 - f. How will third sector organisations operating in H&SC be involved?*
9. I asked if the direction which refers to the design of the approach to community participation should include TSOs and the TSDG H&SC Forum as a channel to those TSOs. This was agreed by the report authors.
10. The LOIP and CPPB are relevant to this work and we would want to see links between this work and locality hubs. Also, community transport falls between these frameworks so it would be

helpful if this did not get lost. There was some reassurance that this would not happen because it is such an important part of RCRP. And there are key H&SCP personnel involved in CPSLT.

11. The Scottish Care representative made several points: The care home sector is fragile. Every week two care homes a week are closing across Scotland. They tend to be small independent family run businesses often in rural areas. Covid and Operation Copper have contributed to closures.
12. The palliative care service in Scotland is not as good as it should be and this is acknowledged. The more we ask of our staff the harder and more costly it is.
13. Locally our challenge is even harder. The national mix is 70% nursing homes 30% care homes. In D&G it is the reverse- 70% care homes and 30% nursing care. It means that people who need nursing care end up in care homes or they remain in homes.
14. The assessment process is not fit for purpose. We do not have the right care in the right place. Perhaps the current care home estate could do more with upskilling of the workforce. Could care homes be included in the further consultation?
15. The general manager responsible for delivery of RCRP to remind the IJB that although it seems as though the plan is aspirational there are 67 people in cottage hospitals at the moment who do not need to be there. We need to start now to deliver the change on this.

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