

Dumfries and Galloway
Integration Joint Board



Annual Performance Report

Easy Read

2021/22

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Arabic

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Polish

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Simplified Chinese

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Turkish

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A message from Dumfries and Galloway Integration Joint Board



A handwritten signature in black ink that reads 'Laura Douglas'.

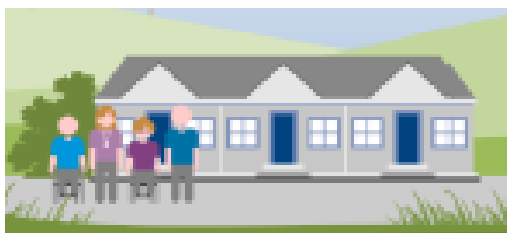
Laura Douglas
Chair of the Dumfries and Galloway
Integration Joint Board

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	
	<p>Every year we look at what we have been doing and see what we could do better.</p> <p>We also think about what we have learned.</p> <p>This report shares some of that information with you.</p>

National Outcomes	
	<p>The Scottish Government have 9 National Health and Wellbeing Outcomes for Scotland.</p> <p>An outcome is the end result of something that you or someone else does.</p> <p>The wording of the national outcomes can be complicated. We have changed the wording to make them easier to understand.</p>



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.



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

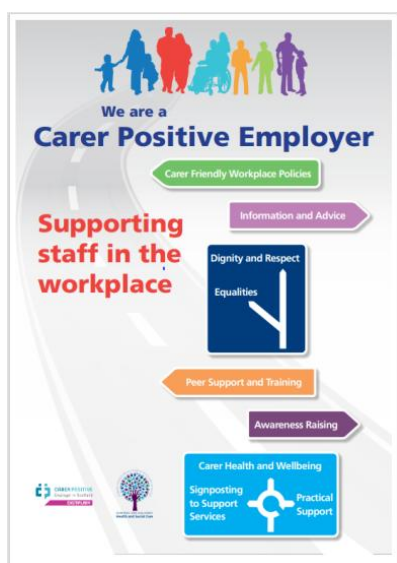
We want to help reduce health inequalities.

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.



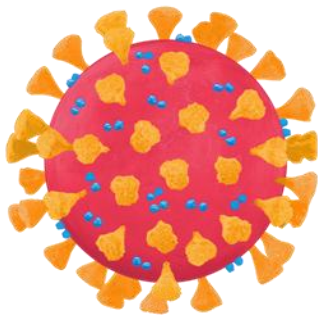
Outcome 7

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 be 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.

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