south ayrshire
health & social care
partnership

Annual Performance Report 2017/18

Second Edition August 2018

NHS Ayrshire & Arran

South Ayrshire Council

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DIRECTOR'S INTRODUCTION

This is the 3rd Annual Performance Report of the South Ayrshire Health and Social Care Partnership which was established in 2015. In the intervening period, much work has been done to modernise and to integrate services through improved multi-disciplinary working as envisaged in the 2014 Public Bodies (Joint Working) (Scotland) Act.

In this time, the Integration Joint Board has established a clear blueprint for the commissioning and resourcing of health and social care by means of its Strategic Plan for 2015-18. This planning framework has been further developed through a number of strategy documents and commissioning plans and 2017 saw the approval of two key strategies for Adult Community Learning Disability and Adult Community Mental Health Services.

The operating environment for the Partnership continues to be extremely challenging both in terms of demographic pressures and the current funding available to meet these demands. South Ayrshire has a larger elderly population than is typical across Scotland as a whole and it is forecast to continue to rise in the period to 2039. In addition with the drive to improve the transfer of care process from acute hospitals to the community, the demand for care home places and care at home services is increasing significantly and will continue to increase.

The Integration Joint Board has approved a significant programme of transformational change designed to deliver against Integration Planning Principles in a way that sees more people being looked after in their local communities by community based services, provided across the sectors, in a way that is preventative and focuses on the broader aspects of wellbeing, including targeting those that are isolated and lonely.

This programme of work has also been designed to deliver financial efficiencies to meet savings requirements in the delegated funding allocations from South Ayrshire Council and NHS Ayrshire and Arran which comprise the IJB Integrated Budget. Efficiencies will also be used whenever possible to redirect funding to areas of greatest need such as those arising from increasing demographic pressures.

Against this background, the small underspend of just under £1m in the Integrated Budget for 2017-18 will be very difficult, if not impossible to repeat in future years.

During 2017-18 several areas report positive progress, including the number of people receiving care and support who rate it as excellent or good, together with the number reporting that they have had a say in how their care is provided. Positive too are the high numbers of people supported at home who are reporting that their support has had an impact on improving or maintaining their quality of life. An increasing number of staff employed within the scope of the Partnership rated it as a good place to work in 2017. Likewise there is evidence of improving educational attainment amongst Looked After Children.

However, there is also more to do in a number of areas, perhaps most markedly in relation to emergency admissions and the transfer of care process from acute hospitals to the community.

Finally, 2017 saw continued focus on growing community assets through the Community Led Support programme, the development of the South Ayrshire Life Community Information Database with the 3rd Sector Interface, Voluntary Action South Ayrshire, and highly successful Community Decision Days led by Locality Planning Groups where funds were allocated to local organisations to meet locally identified needs.

Tim Eltringham, Director of Health and Social Care

STRATEGIC CONTEXT

The South Ayrshire Health and Social Care Partnership was formally established on 1st April 2015 and brings together a wide range of health and social work services into a single operational delivery unit. The Integration Joint Board (IJB) which is the principal governance body of the Partnership is responsible for strategic planning, resource allocation and for overseeing the delivery of a full range of community health and social care services. These include: services for older people, adults, children and families and people in the Justice System in South Ayrshire. In 2017-18 it was also responsible for a number of Pan-Ayrshire health services relating to Allied Health Professions, Continence, Joint Equipment, Technology Enabled Care, Sensory Impairment, and Family Nurse Partnership.

The Integration Joint Board approved its first Strategic Plan at its inaugural meeting on 2 April, 2015. A new Strategic Plan has been developed for the period 2018-2021 and this was approved by the IJB at its meeting on 27th June, 2018. This aims to provide a 10-year vision for integrated health and social care services and contains a three-year strategic planning framework for 2018-21. It sets out an agreed programme for the Partnership and how it will use its resources to integrate services in pursuit of National and Local Outcomes.

South Ayrshire Health and Social Care Partnership has responsibility for the delivery of Community Planning Partnership priorities, as outlined in the Local Outcomes Improvement Plan (LOIP), associated with Health and Wellbeing.

The Health and Social Care Partnership (HSCP) vision is:

Working together for the best possible health and wellbeing of our communities

To deliver on this vision the Integration Joint Board had agreed the following strategic objectives for the period 2015-18:

- We will work together to reduce the inequality gradient and, in particular, address health inequality.
- We will protect children and vulnerable adults from harm.
- We will ensure children have the best possible start in life.
- We will support people to live independently and healthily in local communities.
- We will prioritise preventative, anticipatory and early intervention approaches.
- We will proactively integrate health and social care services and resources for adults and children.
- We will develop local responses to local needs.
- We will ensure robust and comprehensive partnership arrangements are in place.
- We will support and develop our staff and local people.
- We will operate sound strategic and operational management systems and processes.
- We will communicate in a clear, open and transparent way.

These strategic objectives were underpinned during this planning period by these values:

- Safety
- Engaged
- Individually focused
- Integrity
- Caring
- Respectful

NATIONAL HEALTH AND WELLBEING OUTCOMES

The Scottish Government has set 15 National Health and Wellbeing Outcomes against which progress will be measured towards the aspirations for Integration as set out in the 2014 Public Bodies (Joint Working) (Scotland) Act. These Outcomes guide the activity of the South Ayrshire Health and Social Care Partnership. They are supported by a core suite of 23 National Performance Indicators. This report sets out local progress against these Outcomes. In addition Appendix 1 details the 23 National Indicators and trends against time.

Health and Wellbeing Outcomes	
1.	People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5.	Health and social care services contribute to reducing health inequalities.
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 well-being.
7.	People using health and social care services are safe from harm.
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.
9.	Resources are used effectively and efficiently in the provision of health and social care services.
National Outcomes for Children	
10.	Our children have the best possible start in life.
11.	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
12.	We have improved the life chances for children, young people and families at risk.
National Outcomes for Justice	
13.	Community safety and public protection.
14.	The reduction of reoffending.
15.	Social inclusion to support desistance from offending.

In addition to the Core Indicators noted against the National Outcomes in this report, the Ministerial Group for Health and Community Care (MSG) proposed a set of measures to track performance in Integration Authorities. This is discussed in the appropriate section.

Key:

NI- National Indicator

(p) – provisional

HSCP PF- reported through HSCP Performance Framework.

(s) -a statistically significant difference in the percent positive result between SA HSCP area and Scotland as reported through the Health and Social Care Experience Survey.

HEALTH AND WELLBEING OUTCOMES

Performance against the Health and Wellbeing Outcomes

Performance against each of the National Health and Wellbeing Outcomes and associated National Performance Indicators is detailed below (Indicators 1 to 9). Where relevant, performance against associated Local Performance Indicators is also provided.

Summary of Performance

Number of measures against each service area by RAG status				
✓	▲	●	N/A	Indicator under development
16 out of 33	5 out of 33	5 out of 33	4 out of 33	3 out of 33

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

National Performance Indicator		SAHSCP Baseline	SAHSCP 2015/16	SAHSCP Latest	Scotland Latest Value	RAG
1.1	% of adults able to look after their health very well or quite well (NI-1)	94% (2013/14)	95% (2015/16)	94% (2017/18)	93% (2017/18)	✓

Local Performance Indicator		SAHSCP Baseline	SAHSCP	SAHSCP Latest	Scotland Latest Value	RAG
1.2	% of adults who smoke	22% (2013 SHS)	22% (2014 SHS)	17% (2016 Scottish Survey Core Questions)	21% (2013-16 SHeS)	✓
1.3	Rate of alcohol related hospital stays per 100,000 population (HSCP PF)	722.9 (2014/15)	702.9 (2015/16)	708.5 (2016/17)	680.8 (2016/17)	▲
1.4	Rate of drug related hospital stays per 100,000 (HSCP PF)	176.5 (2014/15)	168.4 (2015/16)	232.4 (2016/17)	162.2 (2016/17)	●
1.5	Number of Drug related deaths per year	15 (2015)	22 (2016)	12 (2017) (p)	N/A	▲

Performance Analysis

- The percentage of adults able to look after their health very or quite well has been maintained at 94% which is slightly above the national average.
- According to the 2014 Scottish Household Survey (SHS), smoking prevalence in South Ayrshire adults dropped from 26% in 2005/06 to 22% in 2013 and 2014. Meanwhile the level of smoking prevalence in adults across Scotland was at 21%. The Scottish Health Survey (SHeS) covering the period 2013-2016 has smoking prevalence for all adults at 18% in South Ayrshire and 21% across Scotland. Note the SHS no longer includes smoking. The most recent Scottish Survey Core Questions results show a further decrease to 17% in South Ayrshire.

Partnership Activity to Deliver Against National Outcomes

The HSCP has funded a range of work locally to support self-management and to support people to look after their health at home or in a community setting. This has included investment in Community Led Support which is designed to complement statutory services where people's needs are not categorised as "critical or substantial" alternative services and supports which exist within their local communities are offered to them. To help support this, a number of new community based service access points (known as front doors) have been created. The first was opened by Voluntary Action South Ayrshire (VASA) in New Market Street in Ayr. The new service access points are integrated with "South Ayrshire Life" a community information system developed by Voluntary Action South Ayrshire with financial support from the South Ayrshire HSCP. This on-line tool which can also generate information in printed form provides details of the groups and activities that are on-going in each of South Ayrshire's six localities. The Partnership also funds Community Link Practitioners to look after their health. Other support is provided via Third Sector organisations funded by the HSCP, including the Ayr United Football Academy (AUFA) Walking, Talking and Drawing and the HOPE project. Technology Enabled Care (TEC) also assists a number of people to better look after their own health through, for example, home health monitoring for people with breathing difficulties.

The final year of implementation of the Tobacco Control 2015-18 Action Plan is complete. Development of an action plan for 2018-2021 is well under way, focussing on prevention, cessation and protection. A Tobacco Control Action Plan (2018-21) is currently under development to support the final 3 years of implementation of the Ayrshire and Arran Tobacco Control Strategy 2012-2021.

Drug related deaths (DRDs) in South Ayrshire significantly reduced during 2017, however, it is too early to confirm if this will be longer term trend. The ADP (Alcohol and Drug Partnership) Drug Death Prevention Group continues to meet to develop partnership activities aimed at reducing DRDs in South Ayrshire. The "Everybody Matters: Preventing Drug Related Deaths: A Framework for Ayrshire & Arran, 2018 – 2021" has been developed based on feedback from the 'Staying Alive in Ayrshire' conference in 2017.

The ADP intends to analyse hospital data to gain an increased understanding of people being admitted to hospital and interventions to support individuals and reduce hospital stays. Consultation activity as part of the development of the new ADP Strategy 2018 – 2021 has identified transitions and support between hospitals and communities as a priority. The ADP will work in partnership with peers, acute and community services to strengthen the transition support available to patients prior to discharge from hospital to their homes.

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.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
2.1	% of adults supported at home who agree that they are supported to live as independently as possible (NI-2)	83% (2013/14)	83% (2015/16)	82% (2017/18)	81% (2017/18)	
2.2	% of adults with intensive needs receiving care at home (NI-18)	65% (2015/16)	65% (2016/17)	2017/18 data will be available in Autumn 2018	61% (2016/17)	
2.3	Emergency admission rate per 100,000 population for adults (NI-12)	16,333 (2015/16)	16,572 (2016/17)	17,671 (2017/18)	11,959 (2017/18)	
2.4	Emergency bed day rate per 100,000 population for adults (NI-13)	176,011 (2015/16)	177,345 (2016/17)	167,451 (2017/18)	115,518 (2017/18)	
2.5	Readmission to hospital within 28 days of discharge per 1,000 population (NI-14)	110 (2015/16)	116 (2016/17)	115 (2017/18)	97 (2017/18)	
2.6	Proportion of last 6 months of life spent at home or in a community setting (NI-15)	86% (2015/16)	85% (2016/17)	87% (2017/18) (p)	88% (2017/18) (p)	
2.7	No. of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population (NI-19)	838 (2015/16)	1273 (2016/17)	991 (2017/18)	772 (2017/18)	
2.8	% of people admitted to hospital from home during the year who are discharged to a care home (NI-21)	National data under development.				
2.9	% of people discharged from hospital within 72 hours of being ready (NI-22)	National data under development.				

Local Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
2.10	No. of service users in receipt of Enhanced Telecare (HSCP PF)	1390 (2015/16)	1698 (2016/17)	Data will be available August.	N.A	N/A

Performance Analysis

- 82% of adults report that they are supported to live as independently as possible which is slightly higher than the national average of 81%.
- A higher percentage of adults with intensive needs receive personal care at home at 65% in South Ayrshire compared to 61% nationally.
- Emergency admission rates have shown an increase between 2016/17 and 2017/18. The Combined Assessment Unit (CAU) opened in June 2017 and coding requirements at the CAU are than anyone who attends the Rapid Assessment Unit, Ambulatory Care Unit and the Inpatient area are coded as emergency admissions and included in the figures above.

The graphs below demonstrate that although there has been an increase in admission rates over the past year the length of time people spend in hospital has decreased with around 1000 less bed days being utilised in the past year. However, the figure in South Ayrshire remains higher than the national average. A transformational programme is in place which is designed to impact positively on this overall position. However, forecast reductions in funding levels for care in the community, together with the on-going need for efficiency savings, may reduce the outcomes from improvement work.

Figure 1: Annual Rate of emergency admissions per 100,000 population for adults between 2010-2018

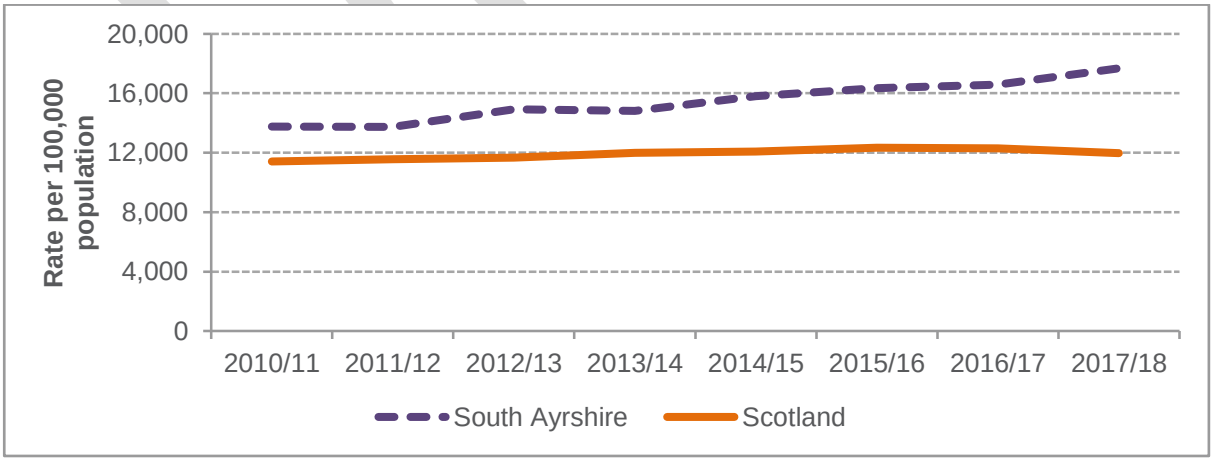


Figure 2: Annual rate of emergency bed days per 100,000 population for adults between 2010-2018

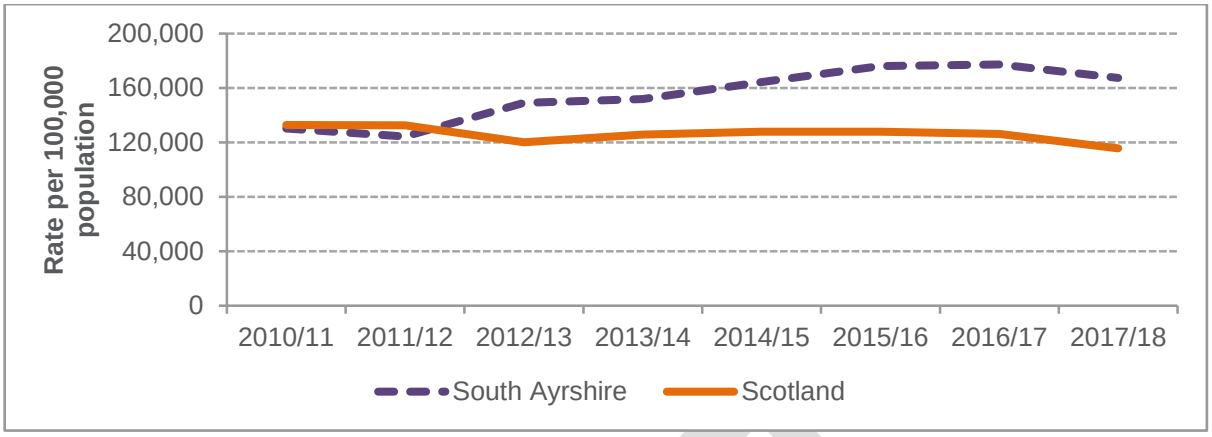
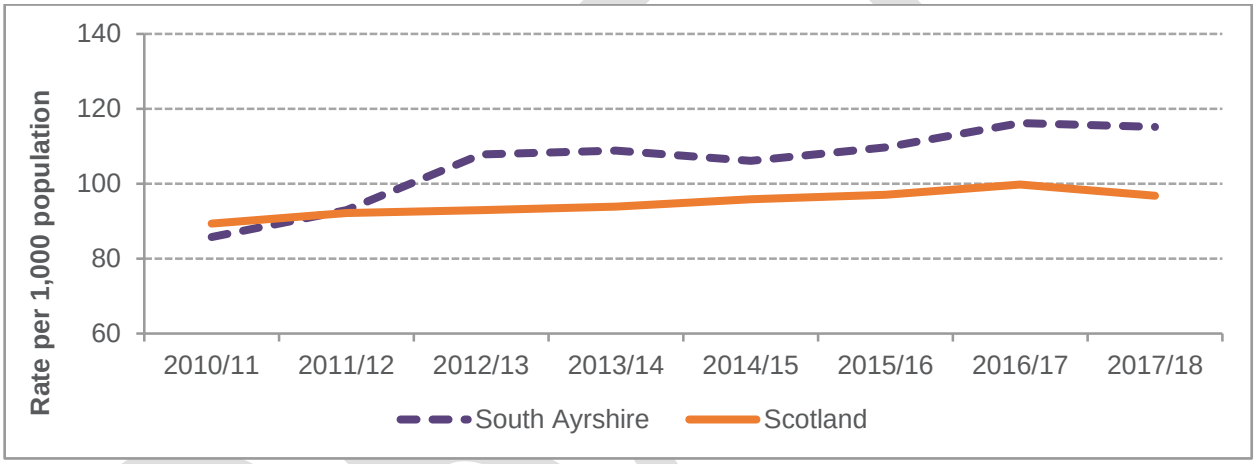


Figure 3: Rate of readmissions to an acute hospital within 28 days of discharge per 1,000 admissions.



- Readmissions to hospital within 28 days of discharge have shown a decrease from 116 to 115 over the past year however remain higher than the national average. This highlights the requirement for additional investment in community based services in South Ayrshire as a way of addressing this.

- In 2017/18, the proportion of people who spent the last 6 months of life at home or in a community setting has increased from 85% to 87% and is just slightly below the national average of 89%. An End of Life/Palliative Care Strategy is in preparation.

- The number of days people aged 75+ who are delayed in hospital when they are ready to be discharged decreased from 1273 in 2016/17 to 991 in 2017/18. The rate in South Ayrshire is higher than the national rate of 772. As part of work carried out to improve the transfer of care from acute hospitals to the community, this indicator has been monitored on a weekly basis, allowing for greater analysis of the reasons for the delay and for early management action to be taken (see figures 4 and 5). Again this highlights a need for greater investment in community based services such as Home Care and Mobile Responder Services.

Figure 4: Total number of monthly Delayed Discharges between April 2017 and March 2018

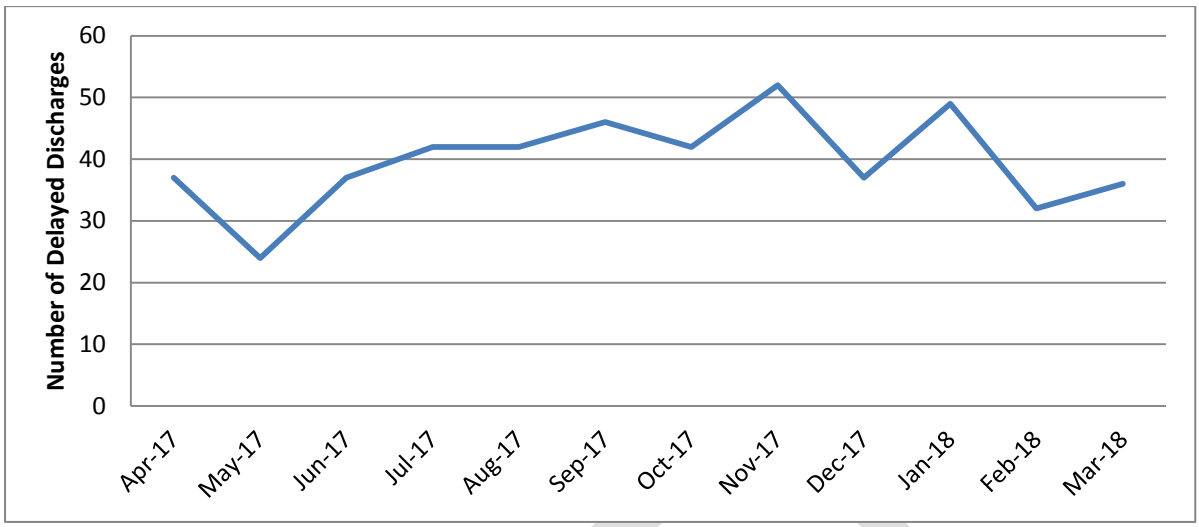
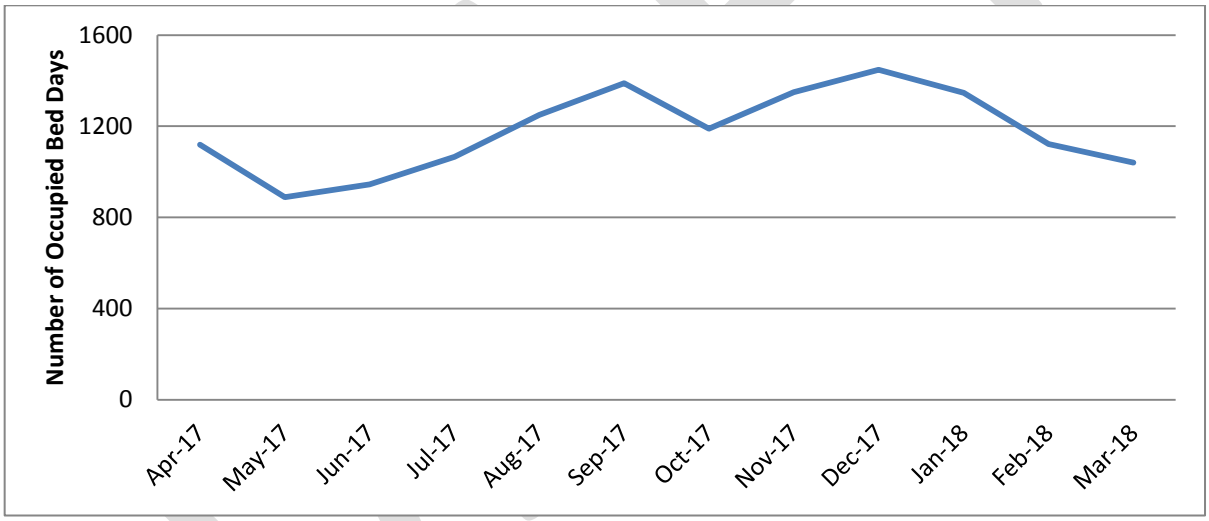


Figure 5: Number of Occupied Bed Days due to Delayed Discharges between April 2017 and March 2018



Partnership Activity to Deliver Against National Outcomes

The HSCP has a philosophy of "home first" as part of its work to shift the balance of care from acute hospitals to the community. The IJB Strategic Needs Analysis has identified, based on the demographics of South Ayrshire alone, that an additional 30 care home and 40 care at home places will be required each year in the period from 2017 to 2027. Whilst to date no additional funding has been provided or reallocated to meet this need, the redesign of the internal care at home service (around 30% of the total service) is continuing as are efforts to implement computerised work scheduling and call monitoring as an aid to greater efficiency. Work to develop a new Commissioning Plan for externally provided Care at Home Services (around 70% of the total service) commenced in 2017-18. This will see efforts made to modernise provision, encourage innovation and improve efficiency by streamlining routes and the utilisation of providers. All of this will be designed to achieve Best Value by improving the overall efficiency of the system. Better management information designed to drive continuous improvement is also in development, but is largely dependent on the introduction of the new ICT applications.

A Care at Home Pharmacy Technician Service is in place. This is a medication compliance service mainly for elderly patients who have been identified by health and social care professionals, as well as via hospital discharge, as requiring help to manage their medication. They are supported to undertake re-enablement and to manage their medicines independently. A home visit can be arranged, and the technician will carry out a comprehensive medicines check referring to a Pharmacist for a medication review, if required; assess the ability of the person to manage medicines independently; organise appropriate aids; and liaise with family and carers. From June 2017 to March 2018, the service had 454 patients on its caseload and made 459 interventions, including dosage advice, provision of medication charts and carer/family education.

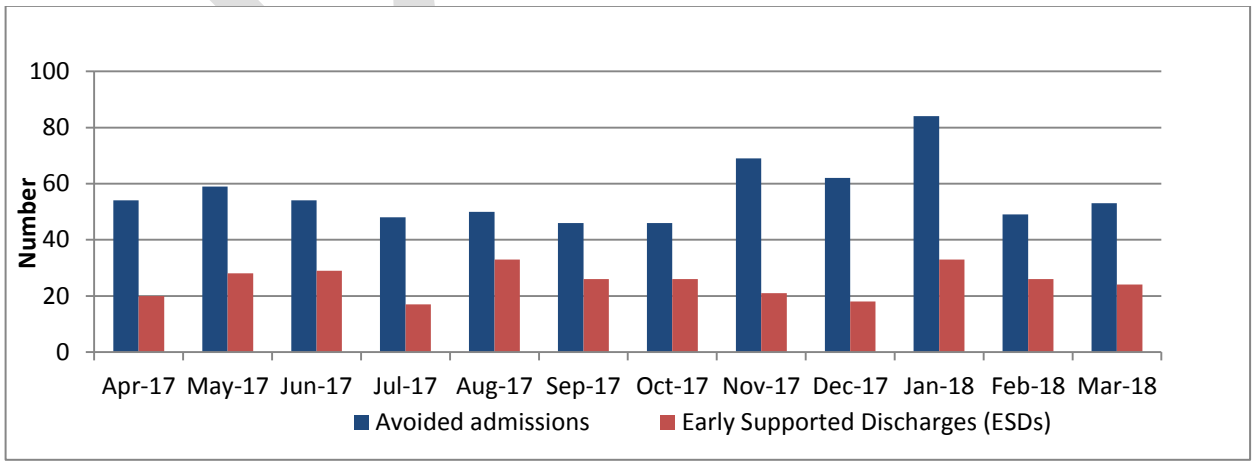
The Partnership has developed an approach comprising of four key priorities to manage care for those people most at risk of admission to hospital. These include the following priority areas: Anticipatory Care Planning, Community Rehabilitation and Re-enablement, Redesign of Services at Biggart Hospital and in 2017-18 the Interface with Combined Assessment Unit at Ayr Hospital which opened in June 2017. These align with the Older People and Unscheduled Care work streams being taken forward on a pan-Ayrshire basis. Progress is being monitored through regular meetings to determine impact.
The Strategic Needs Assessment shows that in South Ayrshire slightly more people die in hospital compared with the average in other Partnerships across Scotland. The HSCP is preparing a Strategy for End of Life Care which will be submitted to the Integrated Joint Board for approval in 2018-19. This will contain an action plan designed to address this situation during the current strategic planning period (2018-21).

The HSCP will reassess its approach to TEC (Technology Enabled Care) in 2018-19 following the publication of the National Digital Health and Care Strategy for Scotland. This will see the development of a revised Business Plan for TEC locally.

Intermediate Care Team

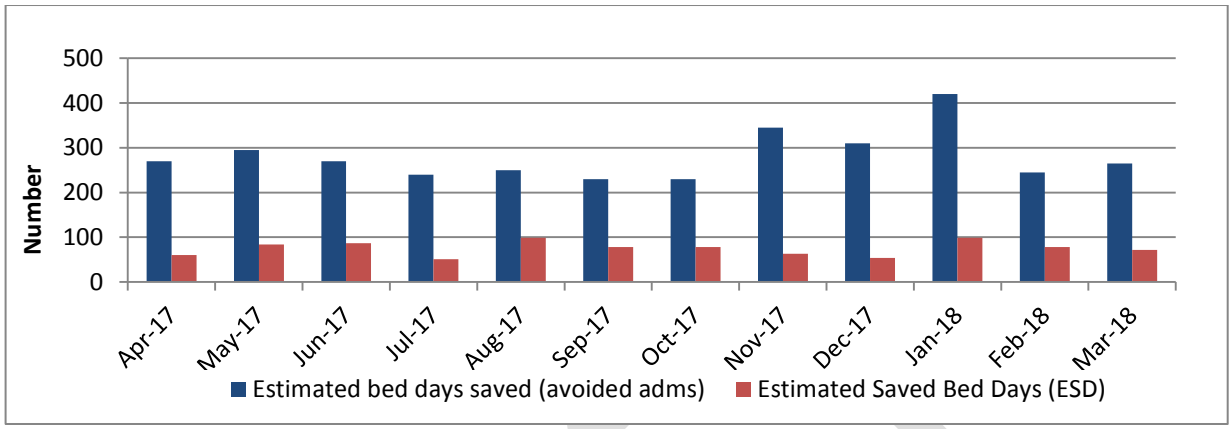
The service provided by the Intermediate Care Team (ICT) resulted in 674 avoided hospital admissions and 301 early supported discharges during 2017/18. It is estimated locally that each avoided hospital admission saves 5 hospital bed days and each supported discharge saves 3 hospital bed days. The graphs below show the breakdown of the number of referrals to the Integrated Care Team and the associated estimated bed days saved each month during 2017/18.

Figure 6: Number of Early Supported Discharges and Avoided Admissions.



It is estimated that the intervention provided by the Integrated Care Team saved 3370 bed days due to avoided admissions and 903 bed days due to early supported discharges.

Figure 7: Number of Estimated Bed Days saved for Avoided Admissions and Early Supported Discharges.



Housing Adaptations

Housing adaptations are installed in homes if there is an assessed medical need for the adaptation. Medical adaptations is a term that refers to a range of products that enable someone to live as independently as possible within their home, and allow the person to carry out daily activities where their ability to do so may have been affected by age, impairment, ill health or a traumatic injury.
The process differs depending on whether a home is one that belongs to the Council or is a private property. Homeowners and private tenants are supported by the Scheme of Assistance which was introduced in the Housing (Scotland) Act 2006. Local authorities must provide assistance in the form of grants for disabled adaptations, the level of grant will be either 80% or 100%. The maximum award is provided where the household is in receipt of qualifying benefits.

Local Authority owned properties are required to report to the Scottish Housing Regulator through the Scottish Social Housing Charter. For Council owned properties the Charter sets out standards and outcomes and explains what tenants can expect from social landlords.

Below are tables that provide local performance information for both local authority and private sector housing:

Council Houses

Measure	2016/17	2017/18
The number of approved applications on the list for medical adaptations at the start of the reporting year plus any new, approved applications made during the reporting year*	294	255
The number of approved applications completed between start and end of the reporting year*	265	212
The total number of days taken to complete approved applications	18,945	12,350
The number of medical adaptations completed in the reporting year*	304	275

Note:* The number of medical adaptations completed in the reporting year takes into account applications that were approved in 2015-16 for 2016-17 figure and 2016-17 for 2017-18 figure.

Indicator 22
Percentage of approved applications for medical adaptations completed during the reporting year
90.14% in 2016-17
83.14% in 2017-18

Indicator 23
Average time to complete approved applications for medical adaptations in the reporting year
71.49 days in 2016-17
58.25 days in 2017-18

Both the number of approved applications on the list for medical adaptations at the start of the reporting year and the number of approved applications completed between the start and end of the reporting year have decreased resulting in a reduction of the total number of days taken to complete approved applications. The number of medical adaptations completed has reduced from 304 in 2016/17 to 275 in 2017/18.

Private Sector Housing

Disabled Adaptation of Dwelling

Total Grants and Loans 2017-18	Amount
Total Number of cases approved	162
Total amount spent (£)	624,423

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
3.1	% of adults supported who agree that they had a say in how their help, care or support was provided (NI-3)	81% (2013/14)	80% (2015/16)	77% (2017/18)	76% (2017/18)	
3.2	% of adults receiving any care or support who rate it as excellent or good (NI-5)	81% (2013/14)	83% (2015/16)	85% (2017/18)	80% (2017/18)	
3.3	% of people with positive experiences of the care provided by their GP Practice (NI-6)	89% (2013/14)	90% (2015/16)	88% (2017/18)	83% (2017/18)	

Performance Analysis

- The Partnership performs above average for all of the core integration measures in relation to positive experiences, quality services and personal outcomes.
- 77% of adults supported at home agreed that they had a say in how their help, care or support, which is slightly above the national average of 76%.
- 85% of adults receiving any care or support rated it as excellent or good, which is an increase from the previous survey and higher than the national average of 80%.
- People reporting positive experiences of care within GP practices is 88% for 2017/18 which is slightly lower than the previous survey results for South Ayrshire (90%) and higher than the national average of 83%.

Partnership Activity to Deliver Against National Outcomes

Initial discussions have taken place to set up a South Ayrshire Mental Health Service User and Carer Forum. The purpose of the Forum is to bring together a range of people who have recent experience of mental health services. Representatives of the Forum will provide feedback about the current experience of those using mental health services, and help identify areas for improvement. The Forum will work with the South Ayrshire Health and Social Care Partnership to oversee the delivery of the Adult Community Mental Health Strategy, and to ensure that the people of South Ayrshire have the right services and support.

As part of the work stream of the Active Citizenship Group, Learning Disability Services hosted an event on the 22nd February to map existing opportunities and services for people with learning disabilities in each locality across South Ayrshire. The event was also used to consult with people and their families about the types of opportunities they would like to see a focus on as part of the Learning Disability Strategy. Work is being carried out with the National Involvement Network to set up a Stakeholder Group for people who have recent experience of learning disability services and to take forward the Strategy.

To ensure that the Partnership is able to effectively communicate with patients, service users, carers and their representatives, a Communications Strategy and plan was developed and approved by the IJB in March 2018. The Communications Strategy can be found on the HSCP website. The Strategy identifies the importance of exploring different and better ways of communicating with hard-to-reach and vulnerable groups.

Community Link Practitioners are active in 12 GP Practices, across South Ayrshire, to support people to live well through strengthening connections between community resources and primary care.

Self-Directed Support (SDS) continues to be embedded in South Ayrshire with a local work plan in place that reflects the Scottish Government National Work Plan for the period 2016-18. As well as being a key driver in the Partnership Strategic Plan, SDS has also been incorporated as a key strategic objective in the development of the learning disability, the mental health and the dementia strategies.
The Director of Health and Social Care commissioned a review of the progress and implementation of Self-Directed Support in South Ayrshire. The review was carried out by 'In-Control Scotland' over a 5 month period from September 2017- January 2018 and they made the following four key recommendations:

Promoting Self-Directed Support

- In keeping with its strategic importance nationally, the Partnership should "reboot" self-directed support within South Ayrshire, building on existing strengths and providing it with a fresh impetus, an enhanced status, and stronger leadership.

Re-design of Systems and Processes

- In order to maximise the greatest levels of individual choice, control, and creativity in service design, the Partnership should phase out the current equivalency calculator model of resource allocation and replace it with a system that permits the allocation of individual budgets.

Developing, Cultivating and Encouraging New Ways of Working

- The current training provided in self-directed support by the Partnership should be reviewed and a refreshed training plan developed.

Engaging, sharing and celebrating Self-Directed Support

- Publicly available information should be reviewed to ensure that it provides information about the rights, responsibilities and opportunities intrinsic to self-directed support is easily available, including local stories and experiences

The recommendations have been incorporated into an action plan designed to manage and monitor progress. This will be taken forward in 2018-19.

New commissioning plans have been developed for both learning disability and mental health services. Underpinning these plans is increased choice and control for individuals in receipt of services. The use of SDS throughout the commissioning of services will encourage more flexibility and increased choice and control for individuals.

The SDS Officers Workforce Development Group is made up of staff across all frontline service areas. The Group will continue to meet throughout 2018 and will provide both governance and support to implement the SDS Action Plan.

An example of feedback received about Health and Social Care services is shown below.

"My experience could not have been better"

The following review was submitted to **Care Opinion** in March 2018:

"Throughout chemotherapy and radiation treatment for inoperable Stage 3 lung cancer and a subsequent range of complications including DVT, cellulitis, atrial fibrillation and angina, I was, and remain, immensely impressed by the professionalism, care and vigilance of the various teams involved in my treatment.

I was recommended to try the ten weekly group sessions of supervised exercises delivered the Rehabilitation Team in Whitletts Centre in Ayr - not something to which normally I would have been inclined.

My experience could not have been better. The combination of professionalism and friendly banter was exactly what I needed. The professionalism was unmistakeable, with regular and reassuring checks on pulse rate etc., and unexpected comments which indicated that the apparently laid-back atmosphere was not inhibiting professional standards of care e.g. "Put that chewing gum in the box, please" and a voice from behind me, "We need your whole foot on the step when you step up, not just part of it."

In the weeks that I was there, there was not any participant who was not entirely comfortable and relaxed and enjoying the experience, and of course that in itself - down very much to the demeanour of the Rehabilitation team - was beneficial to the mood and morale of all of us. Well done!

Certainly I will now continue such exercise, and I hope that no one makes the mistake of my initial assessment of the suggestion that I attend this activity: it may appear to be a peripheral luxury, but in fact it's very much more than that - highly practical and effective."

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
4.1	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (NI-7)	82% (2013/14)	83% (2015/16)	87% (2017/18) (s)	80% (2017/18)	
4.2	Proportion of care services graded "good" (4) or better in Care Inspectorate inspections (NI-17)	89% (2015/16)	86% (2016/17)	87% (2017/18)	85% (2017/18)	

Performance Analysis

- 87% of adults supported at home agreed that services have improved or maintained their quality of life, which is statistically significantly higher than the national average of 80% across Scotland.
- Most services provided and commissioned by the Partnership continue, in the main, to receive high grades by the Care Inspectorate. In 2017/18 87% of South Ayrshire Health and Social Care Partnership inspected services were graded 'good' (4) or above. Further details on Inspections for Internal Services provided by the Partnership during 2017/18 are provided on page 57. This is in relation to the National Performance Indicator NI-17. In some of these, it has been necessary to agree action plans for improvement with the Care Inspectorate where aspects of the service provided have fallen below the level deemed to be acceptable. This includes South Lodge Residential Care Home and the In-House Care at Home Service. The IJB Performance and Audit Committee is actively monitoring improvement activity in these areas.

Partnership Activity to Deliver Against National Outcomes

Demand for Care at Home services continues to rise. A "Reablement First" approach continues to be promoted. Care at Home staff are now working in the acute hospital supporting the signposting and role of Telecare solutions where possible. This resource also facilitates timely discharges for non-complex cases allowing Social Work to focus on more complex cases.

Care Inspectorate Grades are monitored and reported to the IJB Performance and Audit Committee as part of the ongoing utilisation of performance information to drive continuous improvement. In 2017-18 grades were reported twice to the Performance and Audit Committee.

This shows that 19 of the 22 providers commissioned to provide Care at Home services in 2017-18 (including the in-house service) were graded good or above. Where grades fall to less than 3 (Adequate) an improvement plan is prepared and work is undertaken collaboratively to improve the overall quality of services provided.

The new Commissioning Plan for externally sourced care at home provision has been developed with support from Evaluation Support Scotland, a third sector organisation, which has assisted commissioners and providers to collaboratively develop a range of service level outcomes and indicators designed to drive continuous improvement within the overall service.

The Partnership has developed a draft Dementia Strategy for 2018-2023 which will be consulted on during National Carers Week in June 2018. This builds on the agenda set out in the recently published National Strategy and seeks to provide a SMART action plan to continuously improve services for Dementia sufferers in South Ayrshire.

5. Health and social care services contribute to reducing health inequalities.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
5.1	Premature mortality rate per 100,000 per population aged under 75. (NI-11)	422 (2015)	451 (2016)	380 (2017)	425 (2017)	

Local Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
5.2	Life Expectancy in males (SOA)	78.2 (2012-14)	77.7 (2013-15)	77.5 (2014-16)	77.1 (2014-16)	
5.3	Life expectancy in females (SOA)	80.9 (2012-14)	81.0 (2013-15)	80.8 (2014-16)	81.1 (2014-16)	
5.4	Deaths per 100,000 from Coronary Heart Disease under 75 (HSCP PF)	58.1 (2014)	52.9 (2015)	51.3 (2016)	53.6 (2016)	

Performance Analysis

- The mortality rate in those under 75 has decreased significantly from 451 in 2016 to 380 in 2017 which is lower than then national average of 425.
- Life expectancy at birth has decreased marginally from 77.7 in males to 77.5, which is the slightly above the national average of 77.1. For females life expectancy has also decreased marginally from 81.0 to 80.8 which is lower than the national average 81.1
- Premature deaths from Coronary Heart Disease have decreased over the past year from 52.9 to 51.3 which is now lower than the national average of 53.6. Scotland wide figures have also decreased from 55.3 in 2015 to 53.6 in 2016.

Partnership Activity to Deliver Against National Outcomes

The range of community based activities and initiatives being supported by the HSCP and outlined later in this Annual Performance Report have all been designed to enhance people's sense of their own health and wellbeing. A key component of this is to counter social isolation and loneliness in all age groups, but particularly among older members of the community. This saw work begin during the year on the development of a Social Isolation Strategy and Action Plan for which approval will be sought in 2018-19. The Integrated Care Fund has been used to support this work in South Ayrshire.

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 well-being.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
6.1	% of carers who feel supported to continue in their caring role (NI-8)	43% (2013/14)	40% (2015/16)	36% (2017/18)	37% (2017/18)	

Local Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
6.2	No. of carers assessments completed (HSCP PF)	102 (2015/16)	69 (2016/17)	69 (2017/18)	Not Available	

Performance Analysis

- The percentage of carers who feel supported to continue in their caring role has reduced from 40% in 2015/16 to 36% in 2017/18. Nationally there has been a reduction against this measure with South Ayrshire being slightly lower than the Scottish average.
- The number of Carers Assessments being completed has stayed at the same level over the past two years.

Partnership Activity to Deliver Against National Outcomes

As part of the national implementation process for the Carers (Scotland) Act 2016, South Ayrshire HSCP was one of 9 pilot sites used to develop the National Guidance around the implementation of the Act by April 1st 2018. South Ayrshire HSCP piloted work on the development of Adult Carer Support Planning.

The Strategic Group for Carers and Young Carers is leading the development of a new Carers Strategy. An action plan has been developed to support both the development and implementation of a new Strategy.

The Carers Act became 'live' on 1st April 2018 and a range of activity took place to prepare for the implementation including:

- Development of an Adult Carer Support Plan and Young Carers Statements.
- Development of local operational guidance on the Act.
- Development, agreement and publishing of Local Eligibility Criteria on support for Carers.
- A variety of awareness raising and training sessions.
- The development of a Young Carers work stream with engagement from Education and other Council and Health colleagues.
- Updating of information for Carers on the HSCP Web-site and a new 'Strictly Carers' publication was produced.
- Development of a Short Breaks Statement for Carers.

Following an amendment to the Integration Scheme in 2018, the Integration Joint Board is now responsible for overseeing the provisions of the Carers Act in South Ayrshire.

In relation to the development of the Carers Strategy, there has been significant engagement (including a large scale engagement event for Carers) to inform the emerging strategy which will be submitted to the IJB for approval later in 2018. The Carers Strategy Implementation Plan will consider ways of increasing the number of completed Adult Carer Support Plans and Young Carers Statements. The Partnership recognises the importance of the Carers role and support for Carers will also be a priority of the Carers Strategy, thus ensure that Carers feel supported to continue with their caring role.

7. People using health and social care services are safe from harm.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
7.1	% of adults at home who agree they felt safe (NI-9)	83% (2013/14)	85% (2015/16)	85% (2017/18)	83% (2017/18)	
7.2	Falls rate per 1,000 population aged 65+ (NI-16)	24% (2015/16)	22% (2016/17)	25% (2017/18)	22% (2017/18)	

National Performance Indicator Local		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
7.3	No. of adult protection referrals (HSCP PF)	845 (2015/16)	885 (2016/17)	956 (2017/18)	Not available	

Performance Analysis

- People supported at home reporting that they feel safe stands at 85% which is a slight decrease of 1% from the previous year, however, it is higher than the national average of 83%.
- The rate per 1000 population of falls that occur in the population (aged 65+) who were admitted to hospital as an emergency has increased from 22% in 2016/17 to 25% in 2017/18.
- The Adult Protection service received 956 referrals in 2017/18 which was an increase compared with 885 referrals in 2016/17. Response rates to protection concerns have improved over the past year with 77% of referrals being completed within 5 working days in the last quarter of 2017/18 compared with 55% for the same quarter in 2016/17.

Partnership Activity to Deliver Against National Outcomes

Falls

Each Health and Social Care Partnership has established a Partnership Area Falls Forum to update and deliver on local priority actions. These forums report to the Pan-Ayrshire Falls steering group. The updated Positive Steps resource and reprinted information booklets are now available. The Falls Assistant Tool that was developed as part of the Smartcare project is publicly available for use on the internet and is linked to the NHS Inform Falls Information Zone. The Scottish Ambulance Service Falls and frailty pathways are continuing to be developed and spread across Partnerships in conjunction with the national AILP (Active and Independent Living Programme). Two-way referral pathways have been established (active identification of fallers) between a variety of partners in South Ayrshire, including Scottish Fire and Rescue Services, Red Cross, RNIB, and Action on Hearing Loss.

Adult Support and Protection (ASP)

The number of "adult at risk" and "adult concern" referrals continued to rise over the period although the figures for the 4th Quarter would appear to be indicative of a "levelling off" of the overall number of referrals. At the same time, the proportion of overall referrals which have come through Police Scotland continues to fall. This reduction in the proportion of referrals which originate with Police Scotland is likely to be directly linked to the Adult Concern Intermediate Care Team (ACIRT) and the screening of reports/incidents prior to a referral being made.

The overall number of referrals from health services remains relatively small, but there has been a steady and signifcant increase over the reporting period. This is likley to be reflective of the various pieces of work that had been developed to raise awareness of ASP issues and encourage reporting amongst health service staff. This has included specific work to raise awareness of adult protection within the Emergency Departments at both Crosshouse and Ayr Hospitals.

The ACIRT Team conitnues to operate as an effective means of dealing with, and responding to, referrals orginating from Police Scotland. With the Team having been in operation for just over a year, a formal review is to be carried out. Part of the purpose of this review will be to consider the evidence base for further expanding and developing this model of practice.

Guidance and Procedures

Adult Support and Protection Local Operating Procedures and Staff Guidance documents have been revised and made available. The revision provides additional safeguards for adults at risk and clearer guidance for those who are working to protect them and to keep them safe. These new documents sit alongside the revised Adults with Incapacity procedures and guidance. Together, these revisions reflect an ongoing commitment to practice development and staff support.

Learning and Development

Through the South Ayrshire Adult Support and Protection Interagency Training Calendar, adult protection learning and development opportunities are made available to a wide range of service-providers and interested bodies. This has proven to be an effective way of meeting local learning and development needs, although issues of capacity need to be addressed. The table below shows a breakdown of the training provided over the past year.

	Courses	Delegates	Private	Voluntary	Public
ASP Level 1	12	116	41	12	63
ASP Level 2	8	97	45	17	35
ASP Level 3	1	4	0	0	4
AWI	1	12	0	0	12
Other	1	17	0	0	17
Total	23	246	86	29	131
NHS A&A LearnPro		1573			

Working in partnership with colleagues in East and North Ayrshire HSCPs has enabled the sharing of resources and the joint planning of learning opportunities, including the statutorily required Council Officer training. This saw a redesign of the existing programme and the development of a more holistic experience for the candidates who undertook the training over a four-day period in November. The training has been well received and the feedback from participants included some recommendations for improvement which have been incorporated into the design of future courses.

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.

Local Performance Indicator		2016/17	2017/18	Scotland Latest Value (2017)	RAG Status
8.1	% of SAHSCP Staff who would recommend their organisation as a good place to work.	72%	74%	74%	

Performance Analysis

- The results from the SAHSCP iMatter questionnaire show that 74% of employees would recommend the organisation as a good place to work. This is higher than the results of previous surveys in 2015/16 of staff who work within the scope of the Partnership.

Partnership Activity to Deliver Against National Outcomes

A Workforce Plan for the HSCP will be produced during 2018-19.

In February 2017, it was agreed by all three Councils in Ayrshire to roll out iMatter, an Employee Engagement Questionnaire developed and used by the NHS, to Social Care staff within the Health and Social Care Partnerships. This provided a standard staff engagement mechanism across the South Ayrshire Health and Social Care Partnership which incorporates 155 individual teams.

In May 2017, the iMatter questionnaire was sent to 1924 Health and Social Care Partnership staff with a return rate of 69% (1325 respondents). The Health and Social Care Partnership staff reported slightly higher results than NHS Scotland, as shown in the table below.

	Response Rate %	Employee Engagement Index %	Temperature
NHS Scotland	63	75	6.73
SA HSCP	69	76	6.63

In 2017/18, 29 CPD (Continuing Professional Development) courses were provided and 102 training days were delivered. Courses were provided on a variety of topics including Health and Safety, Moving and Handling, Dementia and Child Development and Trauma. The number of attendees to Adult Services related training was 1,083 and 262 people attended Children's Services related training. These figures are broken down further below:

Adult Services Related Training		
Course Title	**Number of Attendees**	**Service/Agency**
Medication	225	Adult and Community Care
Moving and Handling including Refresher, Observations and Driving Escorts	352	Adult and Community Care
Food Hygiene	195	Care at Home, Adult Residential
Dementia	70	Adult and Community Care
Epilepsy	37	Day Care and Adult Residential
Adult Support and Protection	30	15 agencies including HSCP, NHS, Voluntary and Private
MAPPA	174	Day Care and Adult Residential
Child Services Related Training		
Course Title	**Number of Attendees**	**Service/Agency**
Child Development and Trauma	16	All
Supporting those in Recovery	31	Children's Services, Addictions, Housing, Voluntary sector
Inter-Agency 2-day Child Protection	21	All
Neglect	61	All
Mental Health and Young People	26	All
Sexually Harmful Behaviour and Risk	87	All
5-day Child Protection	14	All
Child Protection Roles and Responsibilities	27	All

There is a requirement for staff in particular services to be registered with the Scottish Social Services Council (SSSC). There are 6 people in the Partnership undertaking SVQ courses of study to obtain or maintain SSSC Registration.

The following table shows the number of staff that completed an SVQ course in 2017/18:

Qualification	Level	No. of Staff	Cohort
SVQ	2	2	Care at Home
SVQ	3	4	Care at Home
SVQ	3	4	Children and Families

South Ayrshire Health and Social Care Partnership has a practice learning programme offering practice learning opportunities for social work students to undertake work experience in a social work setting. In 2017/18, 19 placements were provided totalling 1620 days; as part of the process students and educational providers were asked to evaluate their experience. Feedback included:

> *"I thoroughly enjoyed my experience with the health and social care partnership. Everything was well planned and organised from the beginning which was very reassuring. The Pan-Ayrshire student groups were helpful, informative and good fun, which is often lacking in formal, organised events."*

The HSCP has been working in partnership with the University of the West of Scotland and Children and Adolescent Mental Health Services (CAMHS) to further develop integration and practice learning through enhanced student placement programmes. This programme builds on South Ayrshire's Social Work Degree Programme and the BSc Mental Health Nursing Programme which are both delivered and supported by the University of the West of Scotland. The main focus of the exchange programme is centred on Children's Services specifically around Children and Family Locality Teams and Child and Adolescent Mental Health Services (CAMHS). The main component of the programme has enabled students from Social Work to spend a proportion of their 2nd Year placement in CAMHS. Nursing students who are in Year 2 or Year 3 and have CAMHS as their designated base placement have been able to spend a proportion of their time with the Children and Families Locality Team. This has been a successful pilot and there is an aspiration to extend this approach through other service areas and to build on the experience across the Partnership as an aid to greater integration and to support Workforce Planning.

9. Resources are used effectively and efficiently in the provision of health and social care services.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
9.1	% of adults supported at home who agree that their health and care services seemed to be well coordinated (NI-4)	79% (2013/14)	74% (2015/16)	85% (2017/18) (s)	74% (2017/18)	
9.2	% of health and care resource spent on hospital stays where the patient was admitted in an emergency (NI-20)	29% (2015/16)	29% (2016/17)	29% (2017/18)	23% (2017/18)	
9.3	Expenditure on end of life care (NI-23)	National data under development				

Performance Analysis

- 85% of adults supported at home agreed that their health and care services seemed to be well coordinated. Performance in relation to this measure has increased by 11% over survey period and is statistically significantly higher than the national average of 74%.
- Expenditure on unscheduled care has remained static over the past three years and is higher at 29% than the national average of 23%. The current strategic focus of redesign work around unscheduled care is designed to have a positive impact on this area.

Partnership Activity to Deliver Against National Outcomes

There has been a focus within the HSCP to encourage the development of local multi-disciplinary teams around individual GP practices to improve the overall co-ordination and appropriate delivery of health and care services within individual localities.

Many of the social care services provided in South Ayrshire are provided via contractual arrangements with the 3rd and Independent Sectors. Much work has been done in recent years to improve joint working across the sectors to improve the delivery of care and to provide Best Value. This has been achieved through the establishment of Provider Forums.

A refocussing of activity and support from the acute hospital sector to the community sector will take time to achieve because of the significant lack of the additional capacity necessary within the overall system to support the transformational change required, whilst maintaining existing service delivery. It will also take time and additional capital funding to provide new appropriate community based facilities within key population centres to treat and support people, locally, by a range of health and social care staff and by others from across the different sectors.

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE CORE INDICATORS

In addition to the Core Indicators noted against the National Outcomes in the previous section and in Appendix 1, the Ministerial Group for Health and Community Care (MSG) has proposed the following measures to track performance in Integration Authorities:

(1) Unplanned Admissions;
(2) Occupied bed days for unscheduled care;
(3) ED Performance;
(4) Delayed Discharges;
(5) End of life care; and
(6) The balance of spend across institutional and community services.

Chief Officers from each Integration Authority were invited to submit local trajectories on the proposed measures to the Scottish Government in January 2018 for the years 2017/18 and 2018/19. The graphs below show the actual trend data from April 2016 to March 2018, where available, alongside the trajectories which have been established for the period to March 2019.

Summary of Performance

The table below shows a summary of performance against the MSG measures. Five measures met the trajectory set for 2017/18 and two measures did not meet the trajectory. The data for Measure 6 is not yet available.

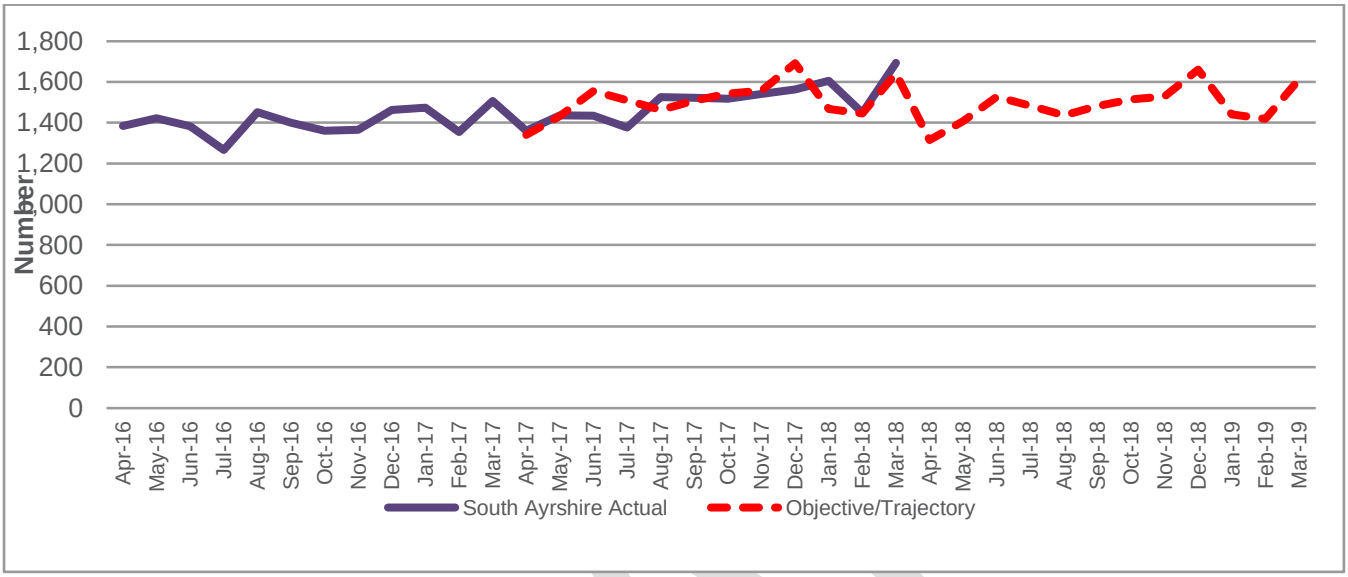
	Measure	Performance against Trajectory 2017/18	RAG
1	Unplanned Admissions	Trajectory Met	
2	Occupied bed days for unscheduled care	Trajectory Met (p)	
3	ED Performance		
	3.1 ED Attendances	Trajectory Not Met	
	3.2 Waiting Times	Trajectory Not Met	
	3.3 ED Admissions	Trajectory Met	
4	Delayed Discharges	Trajectory Met	
5	End of Life Care	Trajectory Met	
6	The balance of spend across institutional and community services	National data not available	N/A

Unplanned admissions

Objective/Trajectory

The objective within South Ayrshire was to reduce the rate of growth from the baseline year of 2015/16 to 10% in 2017/18 and to reduce the rate of growth to 8% in 2018/19.

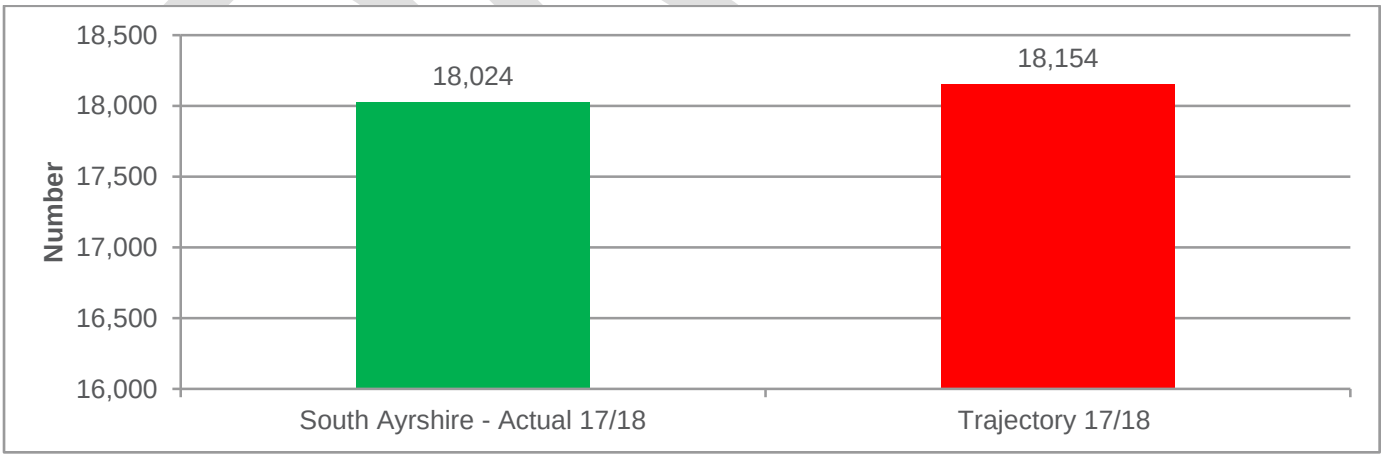
Figure 8: Actual Unplanned admissions between April 2016 - March 2018 against Objective / Trajectory April 2017 – March 2018



What we achieved

This objective was **met**. Unplanned admissions in 2017/18 increased by 9.2% against the 2015/16 baseline which was lower than the objective set of 10%. The graph below shows the actual number of unplanned admissions against the projected number based on the trajectory.

Figure 9: Unplanned admissions actual for 2017/18 v's Trajectory 2017/18.

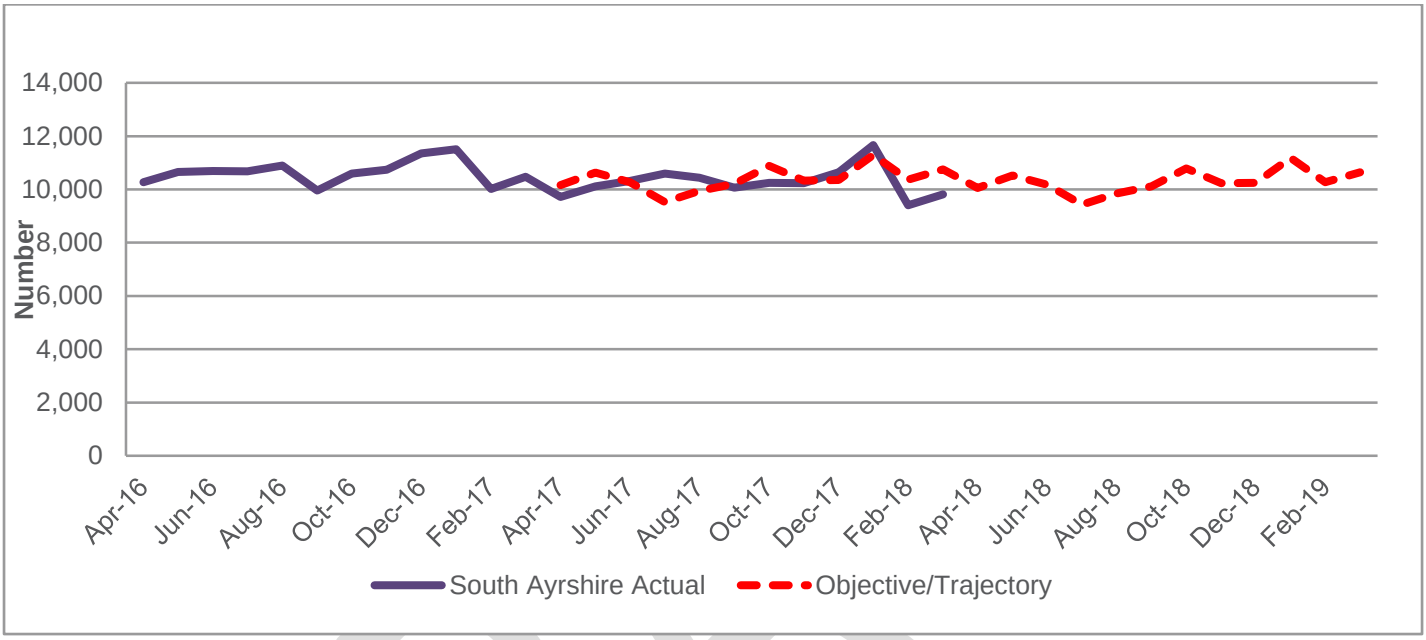


Occupied Bed Days for Unscheduled Care

Objective/Trajectory

Within South Ayrshire the objective in 2017/18 was to ensure no more than a 2% increase in the number of unscheduled bed days compared to the baseline year of 2015/16; and to ensure no more than a 1% increase in 2018/19 relative to the baseline year.

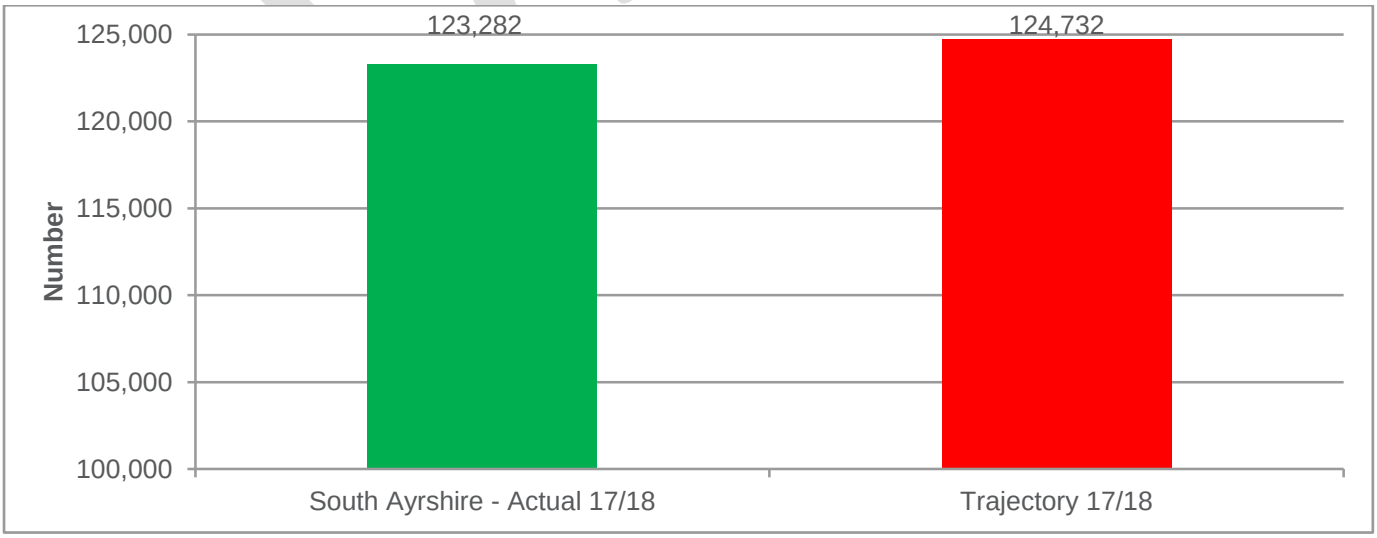
Figure 10: Unscheduled Bed Days – Actual v Trajectory – April 2016 – February 2019



What we achieved

This objective was **met**. Occupied bed days for unplanned admissions in 2017/18 increased by 0.8% against the 2015/16 baseline which was lower than the objective set of 2%. The graph below shows the actual number of occupied bed days against the projected number based on the trajectory.

Figure 11: Occupied Bed Days for Unplanned Admissions – Actual v Trajectory



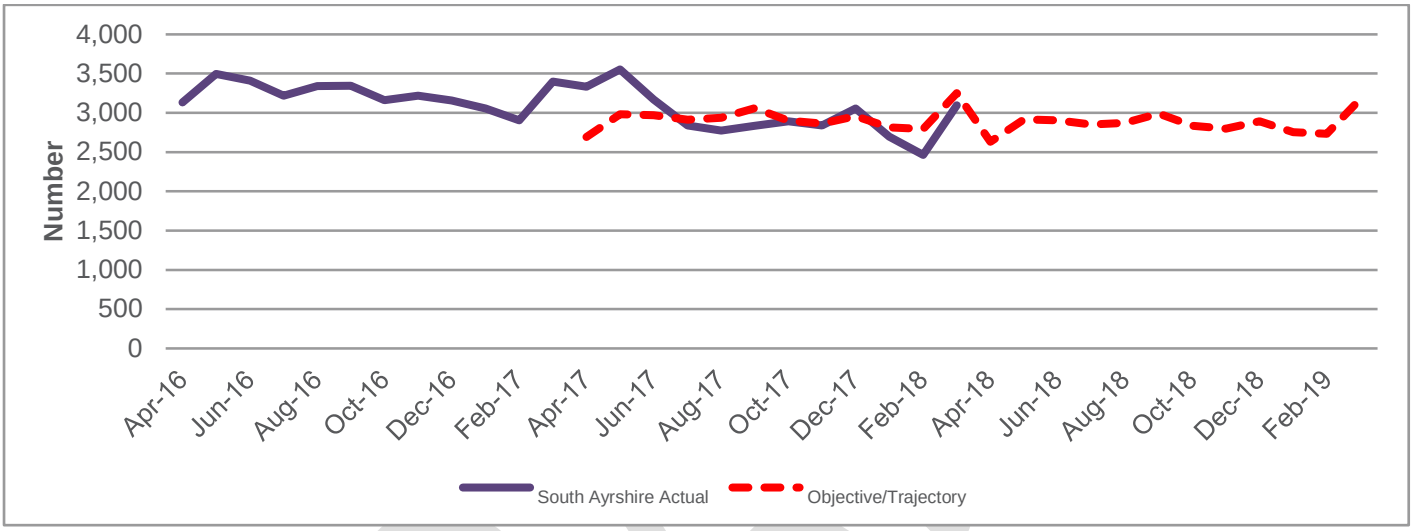
Emergency Department Attendances and Waiting Times

Objective/Trajectory

The objective within South Ayrshire was to aim to reduce the number of ED attendances by 10% in 2017/18 compared to the baseline year of 2015/16 and reduce the number of ED attendances by 12% in 2018/19 compared to the baseline.

ED Attendances

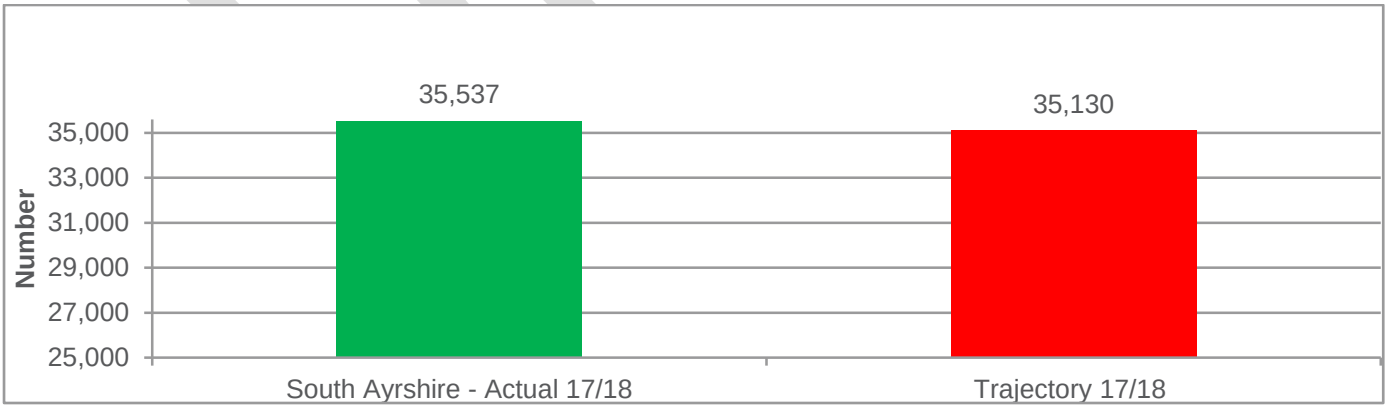
Figure 12: Actual Emergency Department attendances between April 2016 - March 2018 against Objective / Trajectory - April 2017 to March 2019



What we achieved

This objective was **not met**. Actual attendances at ED have reduced by 9% compared to the trajectory of 10%. The graph below shows the actual number of Emergency Department attendances against the projected number based on the trajectory.

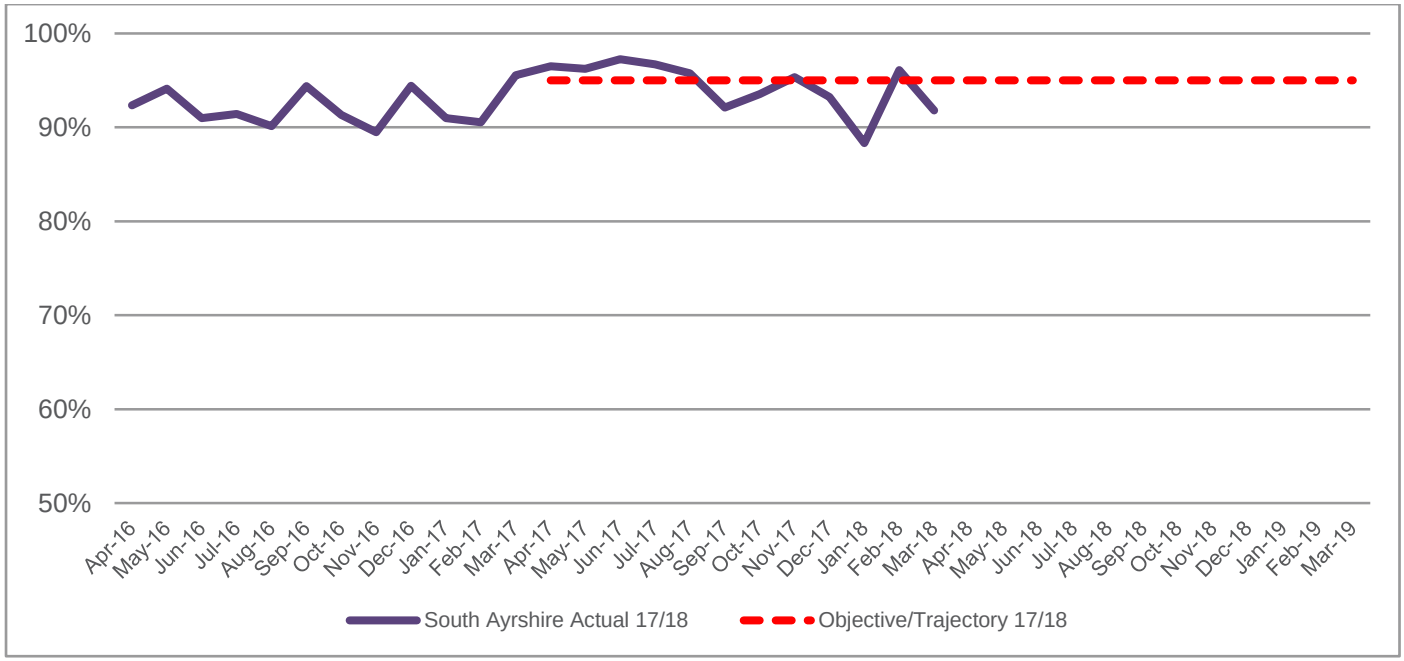
Figure 13: Emergency Department attendances actual for 2017/18 v's Trajectory 2017/18.



ED Waiting Times

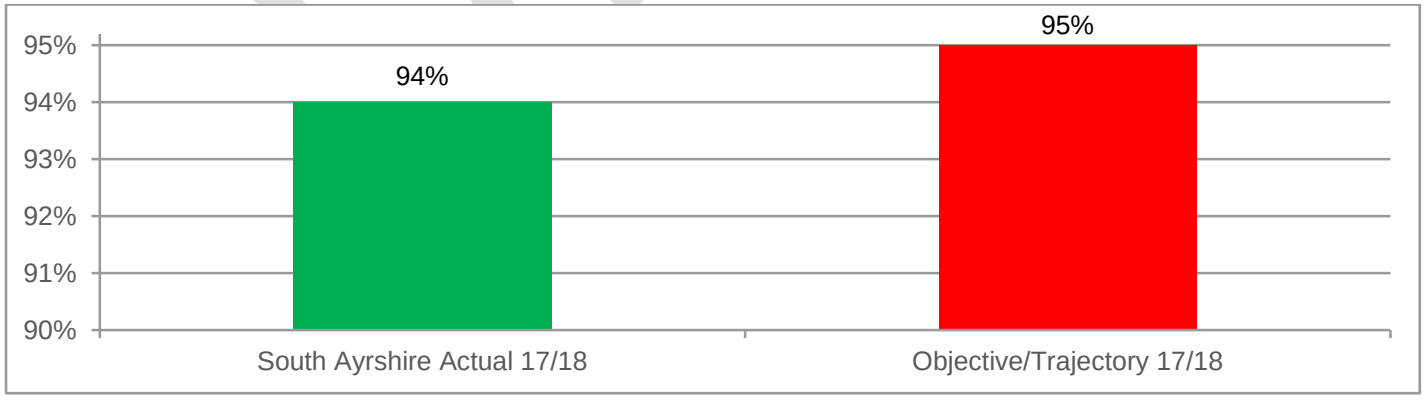
Objective/Trajectory
South Ayrshire also aimed to maintain that 95% of all patients attending an ED department are admitted, discharged or transferred within four hours of arriving at an ED department.

Figure 14: ED 4 hour waiting times from April 2016 to March 2018 against Objective/Trajectory for April 2017 to March 2019.



What we achieved
This objective was **not met**. The percentage of people waiting in ED for admission, discharge or transfer within 4 hours was 94% for 2017/18 compared to the trajectory of 95%.

Figure 15: Emergency Department 4 hour waiting times for 2017/18 v's Trajectory 2017/18.

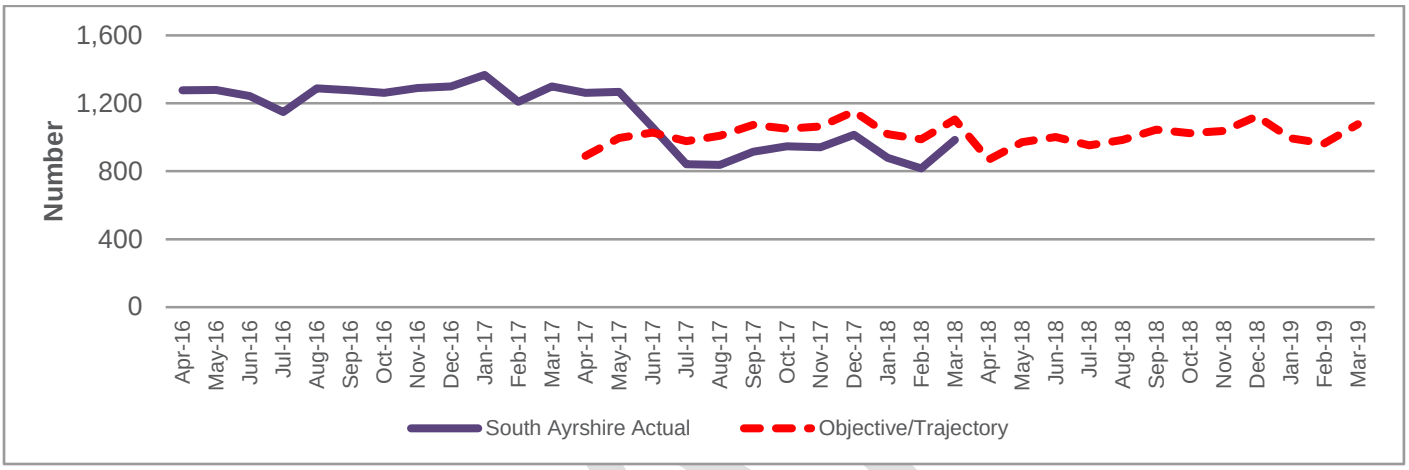


Emergency Department Admissions

Objective/Trajectory

The objective within South Ayrshire is to reduce admissions from the Emergency Department by 20% in 2017/18 compared to the baseline and reduce admission from ED by 22% in 2018/19 compared to the baseline.

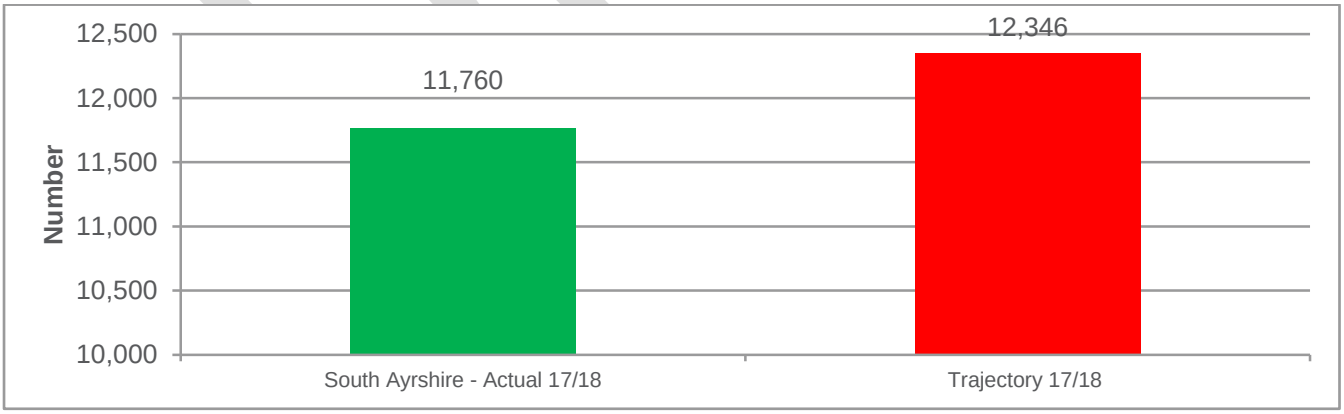
Figure 16: Admissions from the Emergency Department from April 2016 to March 2018 against Objective/Trajectory for April 2017 to March 2019.



What we achieved

This objective was **met**. Actual admissions from the Emergency Department have reduced by 24% compared to the trajectory of 20%. The graph below shows the actual number of admissions from the Emergency Department compared to the projected number based on the trajectory. The Combined Assessment Unit, which opened in June 2017, has had a positive impact on Admissions from ED with more patients being assessed and cared for within this alternative setting.

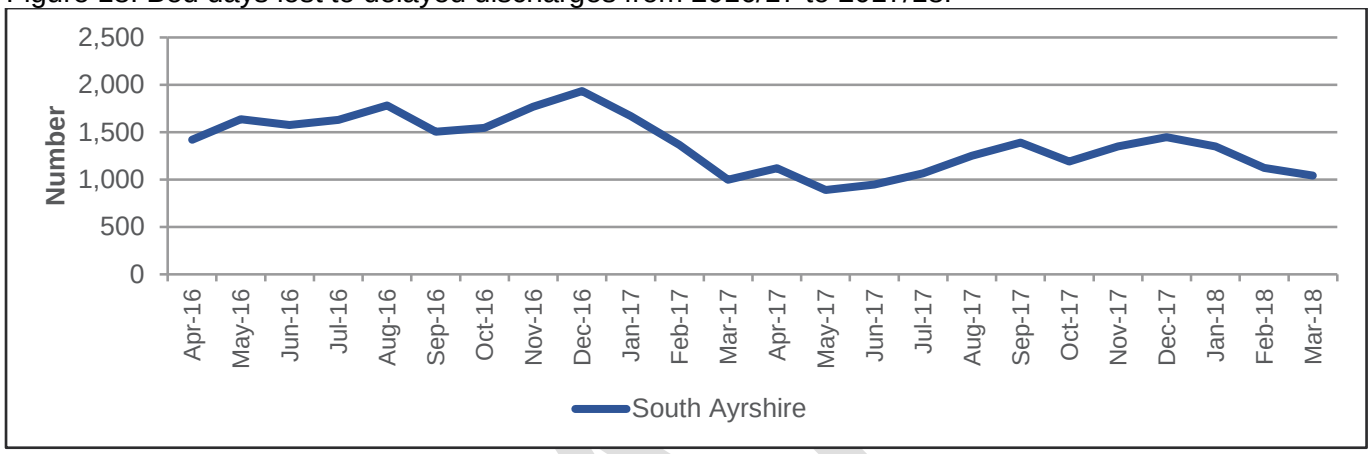
Figure 17: Admissions from the Emergency Department for 2017/18 v's Trajectory 2017/18.



Delayed Discharges

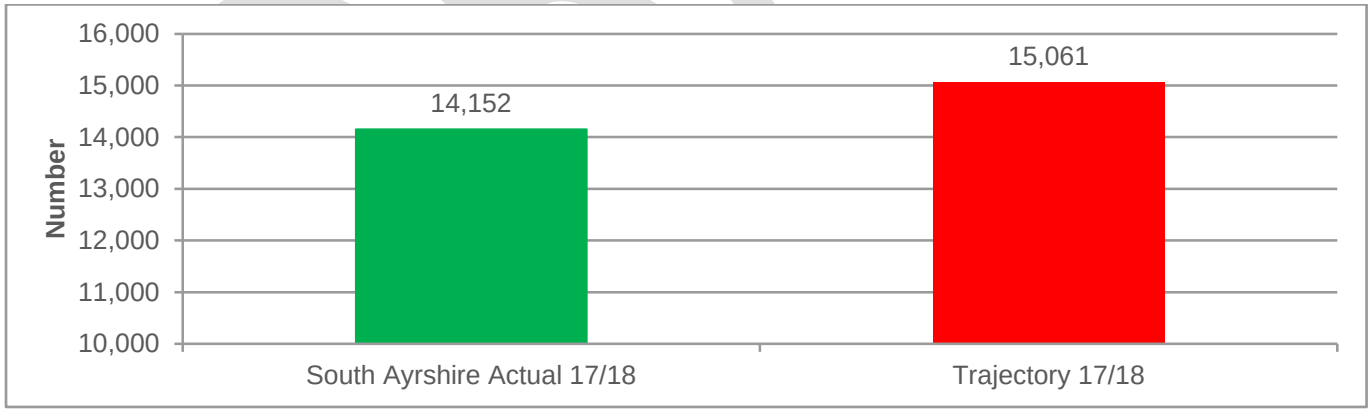
Objective/Trajectory
The objective within South Ayrshire is to reduce the number of bed days lost to delayed discharges by 20% in 2017/18 compared to the 2016/17 baseline; and 25% in 2018/19 compared to the baseline.

Figure 18: Bed days lost to delayed discharges from 2016/17 to 2017/18.



What we achieved
This objective was **met**. Overall bed days lost due to delayed discharges has reduced by 25% compared to the trajectory of 20%. The graph below shows actual number of bed days lost to delayed discharges compared to the projected number based on the trajectory.

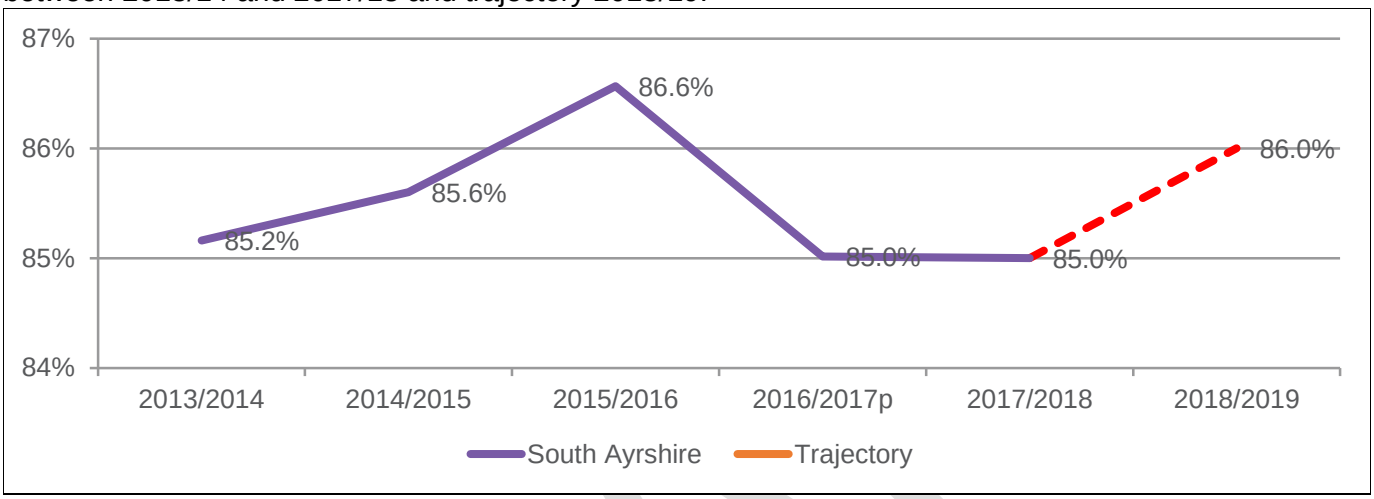
Figure 19: Bed days lost due to delayed discharges for 2017/18 v's Trajectory 2017/18



End of Life – Time Spent by People in the Last 6 Months of Life at Home or in a Community Setting

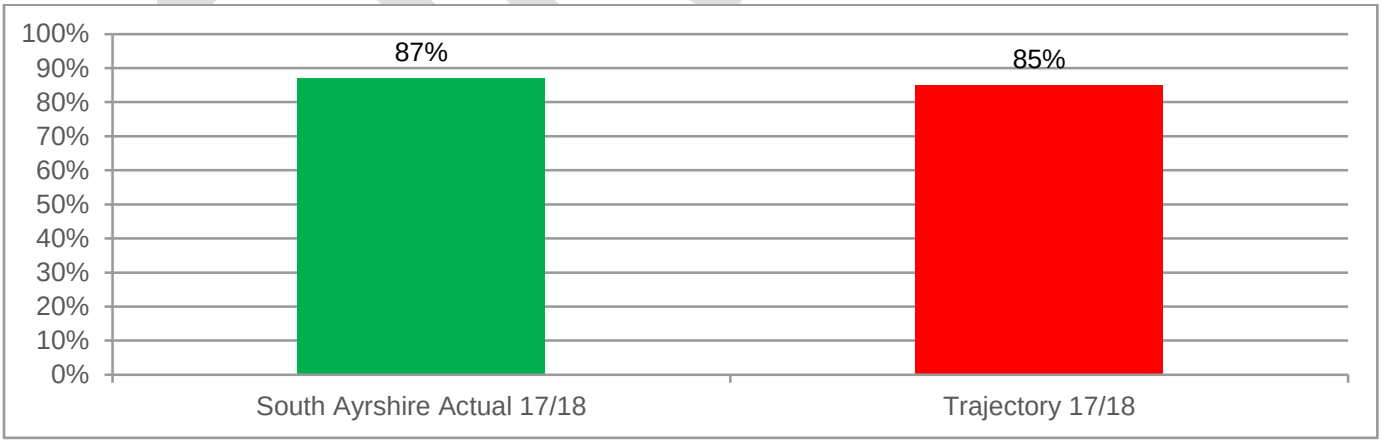
Objective/Trajectory
Maintain the percentage of time in the last six months of life spent at home or in a community setting (as appropriate to the individual) at 85% in 2017/18 and increase this to 86% in 2018/19.

Figure 20: Percentage time spent by people in last 6 months of life at home or in a community setting between 2013/14 and 2017/18 and trajectory 2018/19.



What we achieved
This objective was **met** with performance in 2017/18 being 87% which is 2% higher than the trajectory of 85%.

Figure 21: % of time spent by people in the last 6 months of life spend at home or in a community setting in 2017/18 v's trajectory.



CHILDREN'S OUTCOMES

Performance against the National Outcomes for Children

Performance against each of the National Outcomes for Children and associated National Performance Indicators is detailed below. Where relevant, performance against associated Local Performance Indicators is also provided. The extent to which implementation of the Strategic Plan 2016-19 is contributing towards meeting Children's Outcomes is noted below with each associated action cross referenced within the foot-notes.

Summary of Performance

Number of measures against each service area by RAG status				
			**N/A**	**Indicator under development**
8 out of 12	4 out of 12	0 out of 12	None	None

10. Our children have the best possible start in life.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
10.1	% of children with a healthy weight in primary one	78.0% (2014/15)	76.2% (2015/16)	77.0% (2016/17)	76.1% (2016/17)	
10.2	% of children reaching developmental milestones at the time of their 27-30 month health review (all domains)	76.1% (2014/15)	76.6% (2015/16)	67.9% (p) (2016/17)	66.1% (p) (2016/17)	
10.3	% of new born babies exclusively breastfed at 6-8 weeks	22.5% (2014/15)	21% (2015/16)	21.8% (2016/17)	30.3% (2016/17)	
10.4	% of women smoking during pregnancy	23.0% (2011-13)	22.3% (2012-14)	19.6% (2013-15)	17.3% (2013-15)	
10.5	% of children in primary 1 with no obvious dental caries.	64.1% (2012)	66.8% (2014)	76.7% (2016)	69.4% (2016)	

Performance Analysis

- The percentage of children with a healthy weight in Primary one has increased in the past year and is higher than the national average across Scotland.

- There has been a decrease from 76.6% to 67.9% of children who are reaching developmental milestones at the time of their 27-30 month review. Nationally there has been a decrease against this measure and South Ayrshire performs higher than the national average rate of 66.1%. The methodology to collate this data has changed as a new domain around "Problem Solving" was introduced during the reporting period and this has varied across partnerships in terms of the time it has taken for this to be established.

- The percentage of babies who are exclusively breast fed at 6-8 weeks has marginally increased over the past year from 21% in 2015/16 to 21.8% in 2016/17. This compares favourably to the NHS Ayrshire and Arran position in 2016/17 which was 18.5% and in Scotland the rate was 30.3%.

- The percentage of pregnant women recorded as smokers decreased from 24.1% in 2009-2011 to 19.6% in 2013-2015 in South Ayrshire. The level recorded across Scotland was 17.3% in 2013-2015.

- The percentage of children in Primary 1 with no obvious dental caries has increased from 66.8% in 2014 to 76.7% in 2016. This is higher than the national rate of 69.4%.

Partnership Activity to Deliver Against National Outcomes

Speech, Language and Communication (SLC) is the domain where the least number of children are reaching their milestones. This pattern is evident across Scotland with SLC being the lowest area where children are reaching their milestones nationally. In July 2017 a new 13 to 15 month review for children was introduced. This should enable nursing staff to identify concerns earlier and enable plans to be put in place to help more children reach their developmental milestones by 27 months.

Work has been underway in 2017/18 to increase support from Assistant Nurse Practitioners during pregnancy and the antenatal period. The HSCP is also increasing the uptake of premises signed up to Breastfeed Happily Here, in conjunction with Public Health. From 2018 onwards Health Visitors will determine feeding intention at the 32-34 week antenatal visit. Where breast feeding is undecided, previous poor experience or first time breast feeder support will be offered from an Assistant Nurse Practitioner. The local target for breastfeeding is to increase the percentage of new born babies exclusively breastfed at 6-8 weeks to 24% by March 2020.

Parental smoking during pregnancy is a significant factor in child healthy weight and future health. There is clear evidence that maternal smoking can directly lead to low birth weight (as much as 5% lower than non-smokers) and stillbirth. There is also some evidence that smoking during pregnancy could increase the risk of cot death and developmental delay. From 2018 onwards Health Visitors will determine the smoking status of all women during the 32-34 week antenatal visit and make referrals to smoking cessation services where agreed by the women. The local target for smoking during pregnancy is to reduce the number of women smoking during pregnancy to 18% by March 2020.

Current progress against the Oral Health Action Plan 2017-18 is 100% for actions across all groups, including children.

11. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

Data which is collated and reported nationally for the educational attainment of Looked After Young People includes children who have been Looked After for a full year (1st August to 31st July):

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	Scotland Latest Value	RAG Status
11.1	Looked after children educational attainment (1 or more qualification at SCQF Level 3 on leaving school)	SCQF Level 3 92% (2014/15)	SCQF Level 3 85% (2015/16)	SCQF Level 3 92% (2016/17)	SCQF Level 3 86% (2016/17)	
11.2	Looked after children educational attainment (1 or more qualification at SCQF Level 4 on leaving school) Looked after children educational attainment (attainment during year session)	SCQF Level 4 58% (2014/15)	SCQF Level 4 77% (2015/16)	SCQF Level 4 83% (2016/17)	SCQF Level 4 78% (2016/17)	

*SCQF - Scottish Credit and Qualifications Framework

Local Performance Indicator		Baseline 2013-14	2014/15	2015/16	2016/17	RAG Status
11.3	Looked after children educational attainment: 1 or more qualifications at SCQF Level 3	86%	80%	87%	100%	
11.4	Looked after children educational attainment: 1 or more qualifications at SCQF Level 4	55%	55%	83%	91%	
11.5	Looked after children educational attainment: 1 or more qualifications at SCQF Level 5	45%	20%	35%	64%	

Further details on attainment broken down by Literacy and Numeracy are shown in the following tables.

ACHIEVEMENT IN LITERACY FOR LOOKED AFTER CHILDREN WHEN THEY LEAVE SCHOOL												
Percentage achieving	South Ayrshire Looked After School Leavers			Virtual Comparator			South Ayrshire all school leavers			Gap between Looked After and all school leavers		
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015	2016	2017
Level 3	80%	83%	100%	73%	77%	89%	98%	98%	98%	18%	15%	+2%
Level 4	50%	74%	86%	51%	63%	80%	95%	96%	96%	45%	22%	10%
Level 5	15%	26%	45%	8%	21%	46%	78%	84%	86%	63%	58%	1%
Level 6 (Higher)	5%	4%	23%	1%	4%	20%	50%	59%	63%	45%	54%	40%

Since 2015 there have been annual improvements in the percentage of Looked After school leavers achieving Levels 3, 4, 5 and 6 in literacy . The gap between Looked After school leavers and all school leavers has been closed at Level 3 Literacy (Looked After school leavers are 2% higher than all) Level 5 Literacy (LA are 1% lower than all). With significant improvements in the pass rate at Level 5 literacy in 2017, we would expect the gap at Level 6 to reduce in 2018, if these young people stay on at school. The percentage achieving Level 3 has been above the virtual comparator for three years. The percentage achieving Level 4 has been above the virtual comparator for 2 years. The percentage achieving Level 5 was above the virtual comparator in 2015 and 2016 is in broadly line the virtual comparator in 2017 (1% below).

ACHIEVEMENT IN NUMERACY FOR LOOKED AFTER YOUNG PEOPLE WHEN THEY LEAVE SCHOOL												
Percentage achieving	South Ayrshire Looked After School Leavers			Virtual Comparator			South Ayrshire all school leavers			Gap between Looked After and all school leavers		
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015	2016	2017
Level 3	80%	83%	91%	69%	77%	87%	98%	98%	98%	18%	15%	7%
Level 4	30%	52%	64%	39%	51%	70%	90%	93%	93%	60%	41%	29%
Level 5	5%	22%	23%	5%	13%	30%	67%	73%	73%	62%	51%	50%
Level 6 (Higher)	0%	4%	0%	0%	1%	8%	33%	33%	33%	33%	29%	33%

Since 2015 there have been annual improvements in the percentage of Looked After school leavers achieving Levels 3, 4 and 5 in numeracy. The gap in the percentage achieving Levels 3, 4 and 5 has reduced annually since 2015. The pass rate at Level 4 has more than doubled. However in 2017 achievement at Level 4 and Level 5 was below the virtual comparator. The gap in attainment in numeracy remains greater than the gap in literacy, particularly at Levels 4, 5 and 6.

Percentage Attainment of Looked After Leavers: SQA Awards (All SCQF)

	South Ayrshire: Looked After Leavers			Virtual Comparator: Looked After Leavers			South Ayrshire All Leavers			Gap between Looked After Leavers and All Leavers		
Measure	**2014-15**	**2015-16**	**2016-17**	**2014-15**	**2015-16**	**2016-17**	**2014-15**	**2015-16**	**2016-17**	**2014-15**	**2015-16**	**2016-17**
1+ @ Level 3	80	87	100	83	88	92	99	99	100	19	13	0
1+ @ Level 4	60	83	95	67	74	85	98	98	98	38	15	3
1+ @ Level 5	20	35	68	27	36	60	87	87	90	67	52	22
1+ @ Level 6	5	4	32	2	5	27	64	68	68	59	64	36
3+ @ Level 3	80	83	95	65	72	82	98	98	99	18	15	4
3+ @ Level 4	40	74	73	44	53	75	95	95	95	55	21	22
3+ @ Level 5	5	40	45	9	14	40	75	78	80	70	38	35
3+ @ Level 6	0	4	14	0	4	17	47	53	53	47	49	29
5+ @ Level 3	75	70	73	46	55	73	96	96	97	21	26	24
5+ @ Level 4	25	48	50	28	37	59	92	91	91	67	44	41
5+ @ Level 5	5	4	27	1	6	26	65	68	71	60	64	37
5+ @ Level 6	0	4	0	0	1	11	34	37	40	34	33	40

Source: Insight Scotxed

The attainment gap between Looked After school leavers and all school leavers in South Ayrshire has reduced annually since 2014-15 in eleven out of twelve traditional measures shown above (with the exception of those achieving 5@6 in 2017). There have been annual improvements in the percentage of Looked After school leavers achieving 10 out of the 12 measures (with the exception of 3@4 and 5@6).

Partnership Activity to Deliver Against National Outcomes

There are 290 looked after children and young people enrolled in South Ayrshire schools 2017-18 and South Ayrshire Council is the responsible authority for 69% of this number (200). 65% are looked after away from home whilst 35% are looked after at home.

Colleagues from across Educational Services and Children's Health and Social Care Services are working in partnership with CELCIS on an Inclusion Project, which aims to improve outcomes for care experienced children and young people, focussing on the transition stage, 10 – 15 years, where we have seen young people become at risk of being accommodated. The Project recognises the links between attainment and health and wellbeing, and is, therefore, taking a broad approach.

The Inclusion Project is adopting Improvement Science methodology, initially working in the Belmont Cluster, which has the highest number of care experienced children in the area to undertake small tests of change. CELCIS has been working with schools in the cluster and has undertaken a session with the Corporate Parenting Joint Improvement Group to undertake logic modelling aimed at identifying priorities for the project.

12. We have improved the life chances for children, young people and families at risk.

National Performance Indicator		Baseline	Latest Value	RAG Status
12.1	Number of looked after children as at 31st July	384 (2016)	370 (2017)	
12.2	Number of children on the Child Protection Register as at 31st July.	70 (2016)	60 (2017)	

Performance Analysis

- As at 31 July 2017 there were 370 looked after children and young people in South Ayrshire in total which was a decrease on the previous year figure of 384. This represents 1.8% of the 0-17 year population compared with 1.4% nationally.

- There has been a decrease in the number of children on the Child Protection Register from 70 in 2016 to 60 in 2017. This equates to 3.4 per 1000 of the 0 to 15 population in 2017 compared to 2.9 per 1000 in Scotland as a whole in 2017.

Partnership Activity to Deliver Against National Outcomes

Health Visiting Services

The Health Visitors and their teams support the universal services that improve the health and wellbeing of children. Health Visitors have a significant impact on health and wellbeing to improve outcomes for children, families and communities. This is part of an integrated approach to supporting children and families within the wider multi-disciplinary teams, supporting development and engagement with specialist services such as CAHMs, Speech and Language, Physiotherapy and Paediatric Services. The Health Visitors work in partnership with public health, social care, paediatrics, education and the wider public services to safeguard children and families. This also includes a joint working approach to safeguard children, support development and implement parenting strategies. The safeguarding of children and the welfare of families is a crucial role aiming to reduce risk and support the most vulnerable adults and children to reach their full potential.

Health Visitors are key in ensuring robust systems are in place to identify families that require further support, assessing need and delivering interventions. This is a social model of health that focuses on resilience. The programme of care will work across all services to improve public health outcomes.

School Health

The school nurse role is a significant part of the school health service, which is a universally accessible service provided to children and young people aged 5-19 years and their families. The role has encompassed roles and interventions focused in schools, as well as those with a wider public health and community function. The role focuses on delivering consistent and efficient services across Scotland in order to deliver safe, effective and person-centred care based on the principles of Getting It Right for Every Child (GIRFEC). The school nurse role has been designed to have greater emphasis on home visiting and addressing wider policy and public health priorities. Based on available evidence, policy direction and priorities, the role focuses on nine priority areas:

- Mental health and well-being.
- Substance misuse.
- Child protection.

- Domestic abuse.
- Looked After Children.
- Homeless children and families.
- Children known to or at risk of involvement in the Youth Justice System.
- Young Carers.
- Transition points.

COMMUNITY JUSTICE OUTCOMES

The National Outcomes for Community Justice Services, as detailed on page 5, are the Scottish Government's high-level statements which aim to gain and sustain the public's confidence in the work of Justice related services through promoting the values of safety, justice, and social inclusion.

Performance against the National Outcomes for Justice Services

Performance against each of the National Outcomes for Community Justice Services and associated National Performance Indicators is detailed below. Where relevant, performance against associated Local Performance Indicators is also provided.

Summary of Performance

Number of measures against each service area by RAG status				
			**N/A**	**Indicator under development**
3 out of 3	0 out of 3	0 out of 3	None	None

13. Community safety and public protection.

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	RAG Status
13.1	% of Criminal Justice Social Work Reports submitted to court by due date.	99% (2015/16)	99% (2016/17)	99% (2017/18)	

Performance Analysis

- There continues to be a very high rate of Criminal Justice Social Work reports submitted to court by the due date.

14. The Reduction of Reoffending

National Performance Indicator		SAHSCP Baseline	SAHSCP Mid-Point	SAHSCP Latest Value	RAG Status
14.1	% of those placed on Community Payback Orders with a requirement of unpaid work starting within one week.	86% (2015/16)	88% (2016/17)	93% (2017/18)	
14.2	% of individuals placed on Community Payback Orders with Offender Supervision seen within 5 days of court appearance	96% (2015/16)	92% (2016/17)	99% (2017/18)	

Performance Analysis

- Performance in terms of reducing reoffending continues to improve across both key measures with the % placed on Community Payback Orders with a requirement of unpaid work starting within one week and those with Offender Supervision seen within 5 days of court appearance, both increasing over the past year.

- A suite of national performance measures in relation to the new Community Justice arrangements is being produced which will shape how measures are reported against this in the future.

Partnership Activity to Deliver Against National Outcomes

Social Work Justice Services have established a Pan-Ayrshire approach to Community Justice which will enables a more comprehensive community planning approach to service delivery. The Caledonian System has recently undergone an audit and reaccreditation with the work with both male perpetrators of domestic violence and the victims being strengthened. Mappa within South West Scotland is being reviewed and good practice across the multi-agency partnership is being identified and reported to increase public awareness of the mappa process.

There has been a focus on women offenders with a specialist Pan-Ayrshire Team being developed, which delivers services targeted at meeting the needs of women. There have also been focus groups established with Health which are trying to address specific issues relating to the effects on mental health of people being released from prison. Social Work Justice Services are currently creating a resilience within Payback Orders, in preparation for the introduction of presumption against the imposition of short sentences.

FINANCIAL PERFORMANCE AND BEST VALUE

South Ayrshire Health & Social Care Partnership
Financial Report as at 31st March 2018

	2017/18 Budget Council			2017/18 Budget Health			2017/18 Budget Combined		
	Budget £'000	M12 £'000	Variance £'000	Budget £'000	M12 Actual £'000	Variance £'000	Budget £'000	M12 Actual £'000	Variance £'000
Community Care & Health									
Older People	38,369	39,537	(1,168)	0	0	0	38,369	39,537	(1,168)
Physical Disabilities	3,535	3,558	(23)	0	0	0	3,535	3,558	(23)
Biggart Hospital	0	0	0	4,701	4,971	(270)	4,701	4,971	(270)
Girvan Hospital	0	0	0	1,161	1,157	3	1,161	1,157	3
Community Nursing	0	0	0	4,481	4,361	119	4,481	4,361	119
Total Community Care & Health	**41,904**	**43,095**	**(1,191)**	**10,342**	**10,490**	**(148)**	**52,246**	**53,585**	**(1,339)**
Primary Care									
Prescribing	0	0	0	25,256	25,256	0	25,256	25,256	0
General Medical Services	0	0	0	14,721	14,617	104	14,721	14,617	104
Total Primary Care	**0**	**0**	**0**	**39,976**	**39,872**	**104**	**39,976**	**39,872**	**104**
Mental Health Services									
Learning Disabilities	18,905	18,826	79	448	416	32	19,353	19,242	111
Mental Health Community Teams	3,400	3,368	32	2,493	2,553	(59)	5,893	5,921	(27)
Addictions	868	790	78	892	870	22	1,760	1,660	100
Total Mental Health Services	**23,173**	**22,984**	**189**	**3,833**	**3,838**	**(5)**	**27,006**	**26,822**	**184**
Hosted Services									
Continence /Community Store	0	0	0	634	559	76	634	559	76
TEC	0	0	0	540	240	300	540	240	300
Family Nurse Partnership			0	528	518	10	528	518	10
AHPs	0	0	0	19,603	19,690	(87)	19,603	19,690	(87)
Total Hosted Services	**0**	**0**	**0**	**21,304**	**21,006**	**298**	**21,304**	**21,006**	**298**
Children and Criminal Justice Services									
C&F Social Work Services	20,547	20,458	89	0	0	0	20,547	20,458	89
Criminal Justice	1,859	1,837	22	0	0	0	1,859	1,837	22
Health Visiting	0	0	0	2,136	1,892	244	2,136	1,892	244
Total Children and Criminal Justice Services	**22,406**	**22,295**	**111**	**2,136**	**1,892**	**244**	**24,542**	**24,187**	**355**
Integrated Care Fund/ Delayed Discharge	**1,090**	**820**	**270**	**1,039**	**796**	**243**	**2,129**	**1,616**	**513**
Support Services									
Directorate	1,471	1,319	152	913	902	11	2,384	2,221	163
Other Services	2,171	1,820	351	0	0	0	2,171	1,820	351
Payroll management target	257	0	257	0	0	0	257	0	257
Total Support Services	**3,899**	**3,139**	**760**	**913**	**902**	**11**	**4,812**	**4,041**	**771**
Scheme of Assistance	**721**	**640**	**81**	**0**	**0**	**0**	**721**	**640**	**81**
Inter Agency Payments	**(19,834)**	**(19,834)**	**0**	**19,834**	**19,834**	**(0)**	**0**	**0**	**(0)**
Partnership Total	**73,359**	**73,139**	**220**	**99,378**	**98,630**	**748**	**172,737**	**171,769**	**968**
Recharges from other Partnerships				**19,170**	**19,170**		**19,170**	**19,170**	**0**
Acute Hospitals				**21,461**	**21,461**		**21,461**	**21,461**	**0**
IJB Total	**73,359**	**73,139**	**220**	**140,009**	**139,261**	**748**	**213,368**	**212,400**	**968**

Financial information is part of Partnership performance management governance with regular reporting throughout 2017/18 to the Integration Joint Board (IJB). This section summarises the main elements of financial performance for 2017/18.

The full analysis of the Financial Performance for 2017/18 is detailed in the Financial Monitoring Report for the year to 31st March, 2018, as considered and approved by the IJB at its meeting on 27th June, 2018. This details key budget pressures and underspends. A summary of this information is provided in in the table above.
This shows that the IJB lived within the resources available to it in 2017/18 as the Integrated Budget of £213,368,000 for the year was underspent by £968,000 or 0.45%.

A detailed analysis of the financial outturn information is available in the Annual Accounts for the Partnership which are available at the following **(link).**

Integrated Care Fund

The additional funding received from the Scottish Government for the Integrated Care Fund (ICF) for 2017/18 was £2,340,000. The expenditure was slightly under budget at £2,295,727 and is summarised below:

Programme Theme	ICF investment	Actual Spend
Supporting Service Improvement, Redesign and Change	£388,700	£268,283
Developing Community and Locality based preventative programmes	£538,500	£505,573
Developing comprehensive clinical and care pathways	£303,000	£270,615
Developing Self-management and rehabilitation programmes	£305,071	£263,819
Developing Technology Enabled Care	£215,000	£188,448
Programme and Performance Support + Enablers	£114,400	£103,516
Additional Spend*	£475,329	£695,473
Grand Total	**£2,340,000**	**£2,295,727**

Note:* The Additional Spend takes into account any underspend or funding discrepancy and is used to fund other projects in the financial year.

The ICF is largely used as a catalyst to deliver change in the way services are delivered with the overall aim of shifting the balance of care from a hospital based setting to the community.

Financial Outlook

The IJB is required to live within the resources available to it.

The IJB Integrated Budget for 2018-19 was approved by the Board at its meeting on 27th June, 2018. 2018-19 will be a very challenging year for the IJB with significant financial pressures as a result of local demographic factors caused by the projected growth in the older population, which is increasing more than the Scottish average. See link to Strategic Need Assessment. The desire not to see individuals being delayed in hospital is also putting increased demand on care home and care at home services with demand outstripping the current funding available. The IJB Chief Finance Officer in his report to the Board indicated that whilst the budget approved by the IJB for 2018/19 represents a balanced plan it is high risk. The Board faces a high probability of overspend in the absence of further transformation, additional investment or service reductions. With no additional funding approved for demography the cost pressures associated with this will require to be funded internally from efficiency savings.

Best Value

NHS Ayrshire & Arran and South Ayrshire Council delegate 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 its Strategic Plan. The IJB then directs NHS Ayrshire & Arran and South Ayrshire Council to deliver services in line with the objectives and programme set out in its Plan.

The governance framework sets out the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders and residents of South Ayrshire.

The IJB ensures proper administration of its financial affairs by having a Chief Finance Officer, in line with Section 95 of the Local Government (Scotland) Act 1973.

A number of service reviews have been progressed during 2017/18 as part of the HSCP agenda to modernise services and the ways in which it provides support across the sectors. It is expected that these will report in 2018-19:

- In-house Learning Disability Services; and
- South Lodge and Hillcrest Care Homes.

Financial Reporting on Localities

The 2017/18 financial information has not been broken down and presented by localities as information has not been recorded on this basis. Historically this information has been recorded at Ayrshire and Arran and South Ayrshire levels. Going forward the development of locality based financial information will be part of the Partnerships agreed programme.

COMMUNITY ACTIVITY

Locality Planning Groups

In 2017/18 there has been continuing progress in developing the Locality Planning Framework which was approved in June 2015 by the IJB. Locality Planning Groups (LPG's) are established in each of the six localities, with each being chaired by members of the community. A representative from each locality sits on the Strategic Planning Advisory Group (SPAG).
The established Locality Planning Groups are:

- Ayr North and Former Coalfield Communities;
- Ayr South and Coylton;
- Maybole and North Carrick Villages;
- Girvan and South Carrick Villages;
- Prestwick and Villages; and
- Troon and Villages.

In late 2017, LPG's chose to review the way in which meetings are structured and a new format has been adopted in all localities. It was recognised that there is a need to become more action centred and that more time is required to develop work around specific priorities. Updated Locality Profiles were developed in 2017-18 by Public Health for each of the six locality areas and the LPG's used these to identify their own local priorities which are reflected in the IJB Strategic Plan for 2018-2021.Common themes across the localities include social isolation, mental health and access to information and services.
Particular highlights from the work of Locality Planning Groups include the following:

- In 2017, activities across the Ayr South & Coylton locality have been actively supported by Police Scotland Young Volunteers who have been helping manage events, distribute information and offer support to local residents as well as offering a great insight into the real views and needs of the younger community.
- The Community First Responders is a vital new service which has been set up by the Girvan and South Carrick Locality Planning Group. The service was launched following concerns regarding immediate emergency support in Girvan, Lendalfoot, Pinmore, Pinwherry, Dailly, Barr, Colmonell, Ballantrae and Barrhill. A group of 10 volunteers has received professional training through the Scottish Ambulance Service which enables them to respond to local emergency calls such as asthma and hearts attacks and provide assistance until the ambulance staff arrive. The group has been on call for 2601 hours and had attended 19 calls across the locality until March 2018.
- In the Prestwick and Villages locality, good links have been established with local community groups such as Dementia Friendly Prestwick and the Community Councils.

The influence of locality planning is highlighted in some key developments over the past year, not least the Decision Days held in each of the six localities. New locality group members have been engaged through these connections and key pieces of partnership working have emerged. The launch of a new Dementia Friendly Group in Troon saw the surrounding villages included.

Participatory Budgeting

Participatory budgeting (PB) is recognised internationally as a way for local people to have a direct say in how, and where, public funds can be used to address local requirements.

Over 550 people attended PB events in the Ayr North locality to vote for community projects allowing 59 projects access to funding totalling £119,000. The impact these events have on the wider community is multifaceted with some groups citing that networking opportunities and meeting new people was equally, if not more, important than accessing funding opportunities.
In the Ayr South locality, over 880 people attended and voted for community projects allowing 70 of these to take their share of over £106,000.

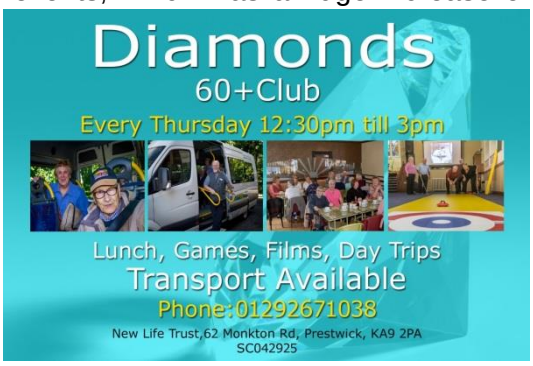
Three Decision Days have taken place in South Carrick in 2017-18. In total, 56 groups and projects have received funding totaling more than £130,000 with 574 people voting across the locality. Aside from the distribution of money, the PB events have given a renewed sense of community spirit which is invaluable

In Maybole and North Carrick Communities, three Decision Days have taken place within 2017-18. During these events, 730 people engaged in the PB process through voting and participation on the day with over £135,000 worth of funding given to 45 community groups for their local work.

The Prestwick Locality Group hosted 3 successful Participatory Budgeting 'Decision Days' in 2017/18 and were the first locality to introduce a marketplace format, which worked extremely well. The first 2 events were designed to target funding and increase engagement within the specific neighbourhood areas of Monkton & Symington and Heathfield & Newton North. Funding criteria was aligned to the group's local priorities and the marketplace format provided a fantastic platform for making new contacts and exchanging ideas. 55 local groups/projects received funding totalling £97,000 to fund community activity across the locality. Almost 1000 people turned out to vote across the 3 events, which was a huge increase on the previous year.

The Troon and Villages Locality Group hosted two successful Participatory Budgeting 'Decision Days' in 2017/18 where 55 local groups/projects received funding totalling £98,000 to fund community activity across the locality. The funding criteria were aligned to the group's local priorities and both events were marketplace style. 1000 people turned out to vote across the 2 events, which was a huge increase on previous year.

All of the Decision Days provided a fantastic networking opportunity and helped to raise the profile of locality planning within the local community.



Case Study:
Prestwick Locality Planning Group
New Life Prestwick *Diamonds* - over 60's Befriending Project

Diamonds befriending reaches out to the elderly of our community. Our aim is to offer help that can make a real difference to older people. Diamonds Befrienders provide valuable company and friendship, as well as making sure the older person is safe and well. "It's our way of helping people stay independent whilst providing friendly, social contact". Diamonds Befrienders help counter social isolation and the service can act as a pre-emptive step to keep those who are vulnerable out of hospital. Our befriending service is provided by trained volunteers and helps reduce loneliness and social isolation, as well as providing carers with a welcome break for a few hours.

We also provide a lunch club for local people over the age of 60. Our service users get a good nutritious meal, some good company and join in various activities; such as chair aerobics and board games. Every second week we show a movie on our large screens and we also have safety talks, e.g. the Police and Fire Services. Our volunteer drivers go to several locations to pick up service users and drop them back off again. In addition to this, once a week we will get in touch with those who have requested a phone call to check they are okay.

Tackling loneliness and isolation is inherently preventative in terms of delaying or avoiding the need for more intensive support and the funding received at local Decision Days has enabled us to go out to the community and bring in at least some of the lonely and socially isolated who live there. The funding has enabled us to develop our befriending service and enhance what we can offer; expanding our reach and activities. We have seen our membership almost double thanks to this funding and we now provide lunch and social opportunities for over 60 people. Funding has contributed towards transport, activities, outings, resources and volunteer training.

Community Led Support

The South Ayrshire Health and Social Care Partnership is one of a number of Partnerships in Scotland to adopt the Community Led Support programme designed to provide the most appropriate support to people, locally, through service access points in their own communities by a range of agencies and volunteers. Representatives from a variety of organisations run informal drop-in sessions offering the opportunity for people to receive information on services and provision in their local area. Branded *South Ayrshire Connect*, there are now 3 sites in Ayr and sites in Maybole, Girvan, Prestwick and Troon, with a new site in Biggart Hospital opening shortly. Whilst early on in the process, there are a range of good examples, across the sites, of where the new service access points have led to a good outcome for a potential service user through signposting and advice.

North Carrick Cares

To date, there have been two *North Carrick Cares* events in the area (Oct 2017 and Mar 2018) with a further two events planned for May and September 2018. The events provide opportunities to develop connections to support networks and to create space for powerful conversations about how we might work together to make North Carrick safe and accessible for all. Those in attendance at the events have spoken positively of them and enjoyed sharing their community stories and networking with other groups/ organisations.

South Ayrshire Life

The South Ayrshire LIFE web-site, phone service and shop front provides information on local services, groups and activities as well as providing basic health checks and maintenance checks for walking aids. There are approximately 1,500 activities on the South Ayrshire LIFE website and 7,200 visits to the website over the last year. The footfall at the shop front was 980 in the last 6 months and there have been 1,365 enquiries via telephone in last 9 months.

An *Active Citizenship Event* was held on 22nd February 2018 to map existing opportunities and services for people with learning disabilities in each locality across South Ayrshire. Considering the output from the event, an Action Plan will be developed identifying how we will support people to develop wider opportunities for people with learning disabilities, including the development of a steering group.

Other HSCP Activities

To promote services and provide information to groups in the community, a *Strictly Seniors* magazine continues to be produced. The first issue of *Strictly Carers* was produced in April 2017 providing information on the Carers Act, Self-Directed Support and the Carers' Centre. *Strictly Seniors* is now on its 6th issue highlighting the various services available for older people across South Ayrshire, such as Occupational Therapy, Telecare, Ayrshire Independent Living Network (AILN) and Opportunities in Retirement (OIR) to name but a few.

In 2017-18, the HSCP's focus has been on taking positive steps to combat social isolation and loneliness, which is also a Community Planning Partnership priority. The HSCP facilitated a Community Planning Seminar on this subject earlier in the year and is preparing a strategy and action plan.

In recognition of the fact that South Ayrshire has increasingly diverse communities, the Partnership has been engaged in developing models of collaborative working between the mainstream and race equality sectors for a more inclusive approach to health and social care implementation. The Partnership and the Council for Ethnic Minority Voluntary Sector Organisations (CEMVO) Scotland have identified a potential joint funding initiative that will focus on the following key themes:

- Continue to strengthen Ethnic Minority Community Engagement and Participation.
- Build capacity within the workforce through cultural awareness.
- Build capacity across services through cultural awareness.
- Build sustainable engagement with Ethnic Minority Communities through training and mentoring.

Third Sector

Voluntary Action South Ayrshire (VASA) is the Third Sector Interface for South Ayrshire. VASA is focused on early intervention, prevention and on tackling social isolation and loneliness among the older population by offering a range of services linked to health and wellbeing.

VASA's **Befriending Service** recruited and trained 8 new volunteers and supported 20 volunteers in one to one befriending relationships. Overall, the service provided 1920 hours of one to one befriending.
The **Community Connector Service** provided by VASA supported 75 socially isolated older people to become active members of their local community and signposted 51 clients to other services.
The **Book and Bun** venue in Ayr hosts a café, a second-hand bookshop, information centre and other volunteer-led activities which help to improve physical and mental wellbeing for adults and older people. There are now 15 classes held with the attendance over the year at 4,425. There are 16 volunteers who have been supported and trained and 42 vulnerable women have been supported to gain confidence and self-esteem.

As the **Third Sector Lead**, VASA has held 12 consultation events on topics relating to health and social care and has represented the Third Sector at 134 Strategic and HSCP meetings. VASA also managed the distribution of Integrated Care Funding for 4 local services in 2017-18:

- Ayr United Football Academy (AUFA).
- The HOPE Project.
- Sportsability Project.
- Carrick Recovery Project.

Community Link Practitioners

Community Link Practitioners (CLPs) work within some South Ayrshire General Practices to provide non-clinical support to patients. This is designed to enable patients to set goals and overcome barriers so that they can take greater control of their health and well-being. Using 'good conversations' a CLP supports patients to identify problems and issues they are experiencing and to talk about what really matters to them.

In 2017, an electronic survey was distributed to 35 General Practitioners (GPs) within 13 practices to investigate their thoughts on the Community Links Practitioner (CLP) Service to date:

- Almost 90% of respondents considered the Community Links Practitioner to be a positive addition to their practice team.
- 100% of respondents considered the Community Links Practitioner to have had a positive impact on their GP service.
- 100% of respondents considered the Community Links Practitioner to have made a positive impact on patients linked to the service.

Community Link Practitioner Evaluation Feedback

GP Practice staff considered that the main advantage of having a CLP within their practice was that they could "treat" non-medical problems or those aspects of a patient's presentation that are non-medical.

"Able to take on case work in areas in which GP's are not particularly skilled". (GP, Maybole)

"We often find our patients present with social issues which they have attempted to medicalise. Having this service allows us to appropriately treat their issues in the community by encouraging them to access the appropriate community services". (GP, Prestwick)

INTEGRATION JOINT BOARD – GOVERNANCE AND DECISION MAKING

The table below highlights the key decisions taken by the Integration Joint Board in 2017/18. Copies of the relevant reports can be found on in the committee reports and agendas section of the website.

Key Decision	Date of Integration Joint Board
Strategy for Looked After Children in South Ayrshire – approved.	13 April 2017
Integration Joint Board Budget 2017-18 – approved.	13 April 2017
Appointments to Integration Joint Board, its Committees and Other Bodies.	13 June 2017
Approval of the draft Annual Accounts for 2016-17.	13 June 2017
Approval of additional cost reductions for 2017/18 budget.	13 June 2017
Agreement to make posts funded through the ICF permanent and that directions be issued to South Ayrshire Council and NHS Ayrshire and Arran Board to this effect.	13 June 2017
Adult Learning Disability Strategy 2017-23 – approved.	13 June 2017
Adult Community Mental Health Strategy 2017-22 – approved.	13 June 2017
Endorsement of the NHS Board Transformational Change Improvement Plan 2017-18.	13 June 2017
Approval of Annual Accounts and Auditors Report 2016-17.	07 Sept 2017
Appointment of Chair and Vice Chair – Performance and Audit Committee.	07 Sept 2017
Complaints Handling Procedure for IJB – approved.	12 Oct 2017
Agreement to make Community Link Practitioners Posts permanent, utilising ICF and Primary Care Mental Health Transformational Funding. That directions be issued to NHS Ayrshire and Arran Board to this effect.	12 Oct 2017
Endorsement of the introduction of pan-Ayrshire Community Phlebotomy Service and approval of recurring funding from the ICF.	12 Oct 2017
IJB Risk Management Strategy – approved.	15 Nov 2017
Health and Social Care Partnership Strategic Risk Register updated.	14 Feb 2018
Approval to proceed with a consultation exercise on the proposed new Strategic Plan 2018-21.	14 March 2018
Communication Strategy – approved.	14 March 2018
Agreement of the South Ayrshire Eligibility Criteria for adult and young carers.	14 March 2018

LEAD PARTNERSHIP RESPONSIBILITIES

In 2017-18 South Ayrshire Health and Social Care Partnership was the Lead Partnership for the following services on behalf of the three Ayrshire Health and Social Care Partnerships, and in the case of Allied Health Professions and Joint Equipment Store this responsibility also extends to the Acute Sector:

- Allied Health Professions (AHP's)
- Technology Enabled Care (TEC)
- Falls Prevention
- Continence
- Joint Equipment Store
- Sensory Impairment

South Ayrshire Health and Social Care Partnership is responsible for the strategic planning, funding and operational oversight of these services.

Allied Health Professions (AHPs)

Specialist AHP services are provided to the whole population of Ayrshire and Arran. AHPs are a distinct group of specialist and sub-specialist practitioners who apply their expertise to diagnose, treat and rehabilitate people of all ages within both mental and physical health, education and social care and across acute and community settings. They work with a range of technical and support staff to deliver direct care and provide rehabilitation, self-management, "enabling" and health improvement interventions at the point of registration. The Associate Director for AHPs, as part of the Management Team of the South Ayrshire HSCP, provides professional and strategic leadership and operationally manages the six professions (Dietetics, Orthotics, Occupational Therapy, Physiotherapy, Podiatry and Speech and Language Therapy.) This is achieved through three AHP Senior Managers (one in each Partnership) and provides professional leadership for the other AHP services (Radiography, Orthoptics, Arts Therapy and Music Therapy).

The National Active and Independent Living Programme (AILIP) was published by Scottish government in June 2017. A local improvement plan is in development and from this, four key work streams (listed below) have been identified to ensure that teams have the necessary support and infrastructure to contribute to the development of services:

1. Workforce for the Future.
2. Staff Support and Resilience.
3. Quality Improvement.
4. Data for Improvement.

Continence

The Integrated Continence Service promotes continence by empowering patients to self-manage through behaviour and lifestyle interventions. The objectives of the service are:

- to offer intermediate clinics across Ayrshire - the Continence Team delivers clinics in 12 locations throughout Ayrshire, including a monthly clinic on Arran. The number of clinics has increased over the last four years and the service aims to develop these where and when the need arises, thus allowing patients to access services locally. The aim is to allocate patients a clinic appointment within eight weeks;
- to offer an advisory and educational service to NHS clinicians thus enhancing the quality of evidence based continence care being delivered to patients and carers. The service delivers an annual programme of education;
- to offer an advisory service to patients, carers and voluntary organisations;
- to provide a 9am-5pm, Monday to Friday helpline; and
- to improve motivation and self mangement thus reducing reliance on continence products.

Technology Enabled Care (TEC)

Technology Enabled Care includes Telehealth and Telecare which are part of a National Delivery Plan launched by the Scottish Government in 2014. Activity currently includes home and mobile health monitoring and telecare. In 2017-18 the South Ayrshire HSCP led on the development of a strategic approach to the use of TEC across the three Partnerships in Ayrshire. The TEC Programme Team is managed through the South Ayrshire Partnership.

The Ayrshire and Arran strategy for TEC and Innovation was presented to the IJB in May 2016. The ambition outlined in the strategy document is to harness the advances in technology and to develop the use of TEC across Ayrshire and Arran over the next three years.

An example of the Florence NHS Telehealth service is shown below:

TEC Technology Enabled Care Florence NHS Ayrshire & Arran

Florence ('Flo') is an NHS Telehealth service designed to provide support and advice for people to manage their own health condition. Flo is a simple, interactive service using mobile phone text messages to monitor symptoms and to provide reminders, advice and support. Flo combines the expertise of the patient's healthcare team and the convenience of their own mobile phone, providing advice to act on.

One of the services provided by NHS Ayrshire and Arran using FLO is the diagnosis and treatment of Hypertension. Previously patients had to use a 24hr monitor either supplied by the GP or the General Hospital and inevitably there was always a waiting list for these.

Lorna Thomson attended a keep fit class at Ayr United Football Grounds where her Blood Pressure (BP) was shown to be slightly high. Having been advised to go to her doctor to have it checked, she was delighted when she was offered FLO to determine if she was Hypertensive (High BP). Lorna was provided with a BP machine and cuff and asked to send in BP readings by text. After analysis it was discovered that Lorna was indeed Hypertensive (High BP), and she was able to be put on medication straight away.

Lorna says "because I work full time it was great that I didn't have to keep going to the practice all the time, it was so simple and straight forward to use. I think of FLO as a person and have to remind myself she is not a real person although she is every bit as helpful".

Julie Grant is Practice Manager at Station Road Medical Practice in Prestwick, one of the first practices to sign up to using FLO.

Before we started using FLO, it could sometimes take a few months to find out if someone had high Blood Pressure. Using FLO has definitely saved a lot of appointments and it gives a much faster diagnosis which allows the patient to be treated much quicker. We haven't had any problems from patients who all seem really happy with the service.

Julie quoted "FLO is a perfect example of technology enabled care being used as an outreach tool to assist GPs with diagnosis".

Joint Equipment Store

Work continued in 2017-18 to prepare for the establishment of a joint equipment store for Ayrshire and Arran supported by all three Council's and NHS Ayrshire & Arran. The joint store will provide equipment to people living in the community. The equipment referred to is wide ranging and intended to enable people to live safely within their own homes.

A Pan-Ayrshire framework for the Servicing and Maintenance of Community Equipment was implemented in May 2017 for all four Partners. Work is ongoing in relation to the development of a shared protocol for the assessment and provision of community equipment.

The North Ayrshire HSCP formally withdrew from the implementation of a shared community equipment store in 2017-18. In view of this change, a scoping exercise will be undertaken over the summer of 2018 to establish if it is feasible to implement a shared community equipment store involving the remaining partners.

Falls Prevention

In Ayrshire and Arran the strategic approach to falls is led by AHP Services and given the Lead Partnership arrangements, South Ayrshire HSCP is providing oversight and leadership in this area.

A Falls Strategy Position Statement was developed in 2015/16 which outlines the local response to the National Framework for Action and details the associated Improvement Action Plan that has emerged from the formal self-assessments undertaken by each Health and Social Care Partnership on behalf of the Scottish Government.

The Statement provides an overview of service demand resulting from individuals falling within the community. Its aim is to identify key areas for future action by partnerships to both reduce the numbers and manage the impact for those people who experience a fall.

A new steering group agreed an Action Plan and Pathway Development Plan in early 2018. Meetings with local services to review and benchmark pathways has taken place. The Positive Steps resource booklet has been updates and resource packs are in the process of being reissued to priority users.

Invigor8 is an evidence based falls prevention programme for the over 60's. More people are admitted to hospital for falls related incidents than for any other condition. Invigor8 classes work on balance, strength, flexibility, endurance, how to get down onto the floor and back up, floor work, tai chi and confidence building as well as socialisation. The programme delivers excellence through the operation of Invigor8 classes throughout Ayrshire; maintaining people's independence, improving or maintaining functional ability to do everyday tasks, socialising to improve mental health and reduce loneliness. In total, 14 Invigor8 classes are taught each week across various locations in South Ayrshire. Over the past year, 7,028 people have attended the classes with 262 being new clients.

Quotes from **Invigor8** attendees:

"I try to do exercise at home. Overall, my physical health has improved".

"Gives me confidence in my increased mobility."

"I'm more confident at avoiding falls and getting up and down from floor, especially when watching young grandsons".

"Helped me get back my confidence after a replacement knee operation."

Sensory Impairment

A Pan-Ayrshire Sensory Locality Plan and Action Plan 2014-2024 was developed to better support people with sensory impairment needs. The Plan was developed through involvement with all partners across Ayrshire, the Third Sector and local people, and will be supported by a Policy Implementation Officer who has been in post since January 2018.

Progress has already taken place in a number of areas including:

1. Learning and Training

- The Sensory Impairment e-learning module has recently been updated and is being promoted to staff particularly at customer-facing services. Visual Impairment Awareness training has been carried out with a number of administration staff.
- A Service User Reference Group has been established to inform and consult on the Implementation Plan and contact has been made with local groups including: South Ayrshire Macular Group, East Ayrshire Macular Group and Ayr and District Blind Club. A 'Sensory Sounding Board' inbox has also been set up to allow service users to give feedback without having to attend the Reference Group.
- The Eye Clinic Liaison service (ECLO) has developed training to support clinical staff to explain eye conditions and improve signposting.

2. Accessibility

- A Pan-Ayrshire British Sign Language (BSL) Plan is being developed as required by the BSL (Scotland) Act 2015 and must be published by October 2018. A Pan-Ayrshire BSL Working Group has been formed. A workshop was held on 19th March 2018 to start the development of the Pan-Ayrshire Plan with key representativeness from services across Ayrshire. Presentations were delivered by people from the deaf community to highlight the barriers they face and actions were identified from this to be put out to consultation. Many consultation events are planned across Ayrshire
- All Sensory Impairment staff within the South Ayrshire Health and Social Care Partnership have the contact Scotland – BSL details at the bottom of their email signatures to promote the BSL Interpreting Video Relay Service (VRS).
- A transcription service has been put in place in South Ayrshire.
- Pan Ayrshire Sensory Impairment Team (SIT) information has been produced with contact details for the three services and is available in print and electronic formats.
- Patient information on palliative/end of life care and anticipatory care plans is now available in accessible formats.

3. Decisive Shift to Prevention

- Contact has been made with National Hearing Loss Scotland and the West of Scotland Deaf Children's Society to identify families and children with sensory impairment in order to offer support.
- Visual Impairment Peripatetic Services are working closely with Orthoptic Services to ensure a prompt response where children are identified with sight loss. Support to the child, parents and family can be provided earlier due to this intervention.

4. Clear and Effective Care Pathways

- Key health and social care pathways ie patient journeys, are in place with Audiology, Ear, Nose and Throat, Cochlear Implant Service, Ophthalmology, Visual Impairment Registration, Sensory Impairment Team Services, and Community Optometry.

5. Integrated and Localised

- The Community Hearing Service operates 24 community drop-ins across Ayrshire. The number of support sessions carried out was 3,681 from the beginning of April 2017 – to the end of March 2018. Support has been provided by distributing batteries (9,579) and ear mould retubing (2,842).
- Joint Functional Vision Assessment Clinics have been implemented across Ayrshire.
- A new project, Hearing Forces, has provided support to 38 older veterans, with hearing loss, and their families across Ayrshire since October 2017.

6. Flexible, Adaptable and Fit for the Future

- Peer-to-peer training has taken place through the Pan-Ayrshire Hearing Impairment Service.

7. Improving Practice and Performance

- Guidance on *Inclusive Events* has been developed and shared with the Community Engagement Officers in the South Ayrshire (HSCP) and the Partnership Facilitator to ensure that access requirements are actively sought prior to events taking place.

OTHER LEAD PARTNERSHIP ARRANGEMENTS

North Ayrshire Health and Social Care Partnership is the lead partnership for specialist and in-patient Mental Health Services as well as some Early Years Services for North, East and South Ayrshire. They are responsible for the strategic planning and operational budget of all Mental Health in-patient services, Learning Disability Assessment and Treatment Service, Child and Adolescent Mental Health Services, Psychology Services, Child Health Service, Children's Immunisation Team, Infant Feeding Service and Family Nurse Partnership.

East Ayrshire Health and Social Care Partnership is the lead partnership for Primary Care and Out of Hours Community Response. This lead responsibility relates to Primary Care, Medical Practices, Community Practices, Optometry Practices, Dental Practices, Public Dental Service, Pan- Ayrshire Out of Hours (evening) nursing service; Ayrshire Unscheduled Care Service (AUCS), and; Pan Ayrshire Out of Hours Social Work Response Service.

CLINICAL DIRECTOR'S REPORT

South Ayrshire HSCP now has 3 well established GP Clusters: Troon, Ayr &Prestwick and the Carrick area. The Clusters are taking a lead on local issues, service developments and are facilitating discussions on the new GP Contract.

In terms of the new GP Contract, work has been on-going to develop a local Primary Care Improvement Plan which will be approved in 2018-19. Work associated with this which is being implemented includes the availability of Pharmacists and Physiotherapists in GP Practices. Services are also being developed for Mental Health Services and Respiratory Care.

The Health and Social Care Partnership is sensitive to the challenges of GP recruitment which has impacted on some local practices. Working closely with the Primary Care Team, which is part of the East Ayrshire Lead Partnership arrangements, steps have been taken to actively support practices through times of difficulty until stability can be established. Work is underway to address recruitment difficulties within the constraints of the market place. A Local Medical Committee website and social media have both been used as a means of attracting interest from potential candidates.

Other areas of work, specific to South Ayrshire HSCP includes the alignment of nursing homes to GP practices which should improve efficiencies within the medical care system and also improve patient outcomes. To facilitate this further, another initiative introduced is the co-location of District Nurses within GP practices.

A new service for Secondary Care Phlebotomy is close to implementation across Ayrshire. This is a new service to help deliver the demands of secondary care (hospital) phlebotomy requests. The initial test of this new approach is due to commence in July/August, 2018 with the Renal Teams and is planned to be scaled up fully by 31st March, 2019.

Following a recent successful GP training event during Protected Learning Time most GP practices across Ayrshire have embraced Technology Enabled Care (TEC). One of our most successful projects has been the Hypertension service which uses TEC to diagnose and continuously measure and adjust medication for newly diagnosed patients. Other services have been developed including for COPD, cCBT, and Video Consulting.

INSPECTION OF SERVICES

Internal Services

The Partnership's internally provided care services, such as Home Care, Care Home, Day Care, Respite, Fostering and Adoption Services and Children's Care Homes, are regulated and inspected by the Care Inspectorate.

The Care Inspectorate award grades to services that they inspect based as set out in the table below:

Evaluation Grade	
1	Unsatisfactory
2	Weak
3	Adequate
4	Good
5	Very Good
6	Excellent

In 2017/18, eight care services were inspected and the table below shows the evaluations awarded to each service. The table also indicates whether any recommendations and or requirements were made by the Care Inspectorate.

Base/ Care Inspectorate No.	Date	Quality Theme	Evaluation Grade (Out of 6)	No. of Recommendations	No. of Requirements
Children and Families					
Cunningham Place, Ayr/ CS2013316915	06.02.18	Care and Support	3	5	1
		Environment	Not Assessed		
		Staffing	3		
		Management/ Leadership	Not Assessed		
Sundrum View, Coylton/ CS2003045401	21.02.18	Care and Support	2	2	3
		Environment	Not Assessed		
		Staffing	Not Assessed		
		Management/ Leadership	2		
Older People's Services					
Hillcrest Residential Unit, Girvan/ CS2003001298	06.06.17	Care and Support	6	0	0
		Environment	Not Assessed		
		Staffing	Not Assessed		
		Management/ Leadership	5		

Base/ Care Inspectorate No.	Date	Quality Theme	Evaluation Grade (Out of 6)	No. of Recommendations	No. of Requirements
South Lodge, Ayr/ CS2003001315	07.08.17	Care and Support	2	27	13
		Environment	2		
		Staffing	2		
		Management/ Leadership	2		
Adult Services					
Girvan Opportunities, Girvan/ CS2003049403	24.04.17	Care and Support	6	0	0
		Environment	Not Assessed		
		Staffing	5		
		Management/ Leadership	Not Assessed		
Supported and Continuing Care Service, Ayr/ CS2007149662	07.06.17	Care and Support	4	1	0
		Environment	Not Assessed		
		Staffing	4		
		Management/ Leadership	5		
Chalmers Road/ Ayr CS2003001299	07.04.17	Care and Support	5	1	0
		Environment	Not Assessed		
		Staffing	Not Assessed		
		Management/ Leadership	5		
Kyle Support Service, Ayr/ CS2010272231	11.05.17	Care and Support	5	4	0
		Environment	3		
		Staffing	5		
		Management/ Leadership	4		
Services for All					
South Ayrshire Homecare, Ayr/ CS2006133677	28.12.17	Care and Support	3	13	5
		Environment	Not Assessed		
		Staffing	3		
		Management/ Leadership	2		

One of the Scottish Government's suite of National Indicators is the proportion of quality themes evaluated as 'good' (4) or above by the Care Inspectorate. As at 31st March 2018, 44% of South Ayrshire Health and Social Care Partnership internal inspected during 2017/18 services were graded 'good' (4) or above in their most recent inspection reports.

Joint Inspection of Children's Services in South Ayrshire

The Care Inspectorate published the Joint Inspection of Services for Young People in South Ayrshire on 4th October 2016.

In response to the Inspection Report, the HSCP and its partners prepared and agreed an Action Plan with the Care Inspectorate, to address the five areas for improvement that had been identified.

In January 2018, the Care Inspectorate returned to South Ayrshire to determine progress in addressing the issues raised. Feedback from this visit identified that improvements had been made in all areas and as a result agreed than no further review work would be required in relation to the 2016 report. The formal report from this follow-up visit will be published in May, 2018 and will be reported in the Partnership's Annual Report for 2018/19.

Externally Commissioned Services

Commissioning Officers within the Partnership's Planning and Performance Team are responsible for commissioning and recommissioning services from external providers in conjunction with South Ayrshire Council's Corporate Procurement Service. These Third and Independent Sector Charities and Companies provide a significant element of the day to day care provided to service users in South Ayrshire. On-going management of the relationship between external providers and the monitoring of contracts is carried out jointly by Commissioners and Procurement Officers.

Considerable work was undertaken in 2017-18 which saw the development of new Commissioning Plans for externally sourced community based Learning Disability and Mental Health Services, designed to deliver the long-term outcomes set out in the Adult Community Learning Disability and Mental Health Strategies approved by the IJB in June, 2017. Tenders for two new framework contracts were invited in 2017-18 and, at the time of writing, these new frameworks will come into effect in the first half of 2018-19. These are expected to lead to significant service modernisation in line with the short, medium and long-term service level outcomes set out in each of the Commissioning Plans as developed in workshop sessions facilitated by Evaluation Support Scotland. The development of these new Commissioning Plans was as a result of much collaborative work across services and across the sectors.

The new Commissioning Plans for Learning Disability and Mental Health will direct £15.2m of work in a full year and will directly cover the services provided to 579 individuals.

A new framework contract for externally sourced Day Services for Older People came into effect in September, 2017.

Work commenced in 2017-18 to develop a new Commissioning Plan for Care at Home Services which will see in the order of £7.9m being spent per annum on this service area over the four year period from 2019-2023 providing 9,600 hours of support each week. A new framework contract is expected to take effect from early in 2019.

The Partnership recognises and appreciates the significant work undertaken by external providers from the Third and independent Sectors in the provision of care and support services in South Ayrshire.

In 2017-18, in terms of the Scottish Government National Indicator on service quality, 65% of Independent Sector Care Homes in South Ayrshire received grades of “good” or above in the most recent Care Inspectorate inspections. 94% of other 3rd and Independent Sector provided services in South Ayrshire received grades of “good” or above.

The HSCP works collaboratively with external service providers to develop and improve services designed to meet the outcomes of the people being supported. Provider Forums are the primary vehicle for this work and have been established across a wide range of service areas including Care Homes, Care at Home, Learning Disability, Mental Health and Day Services.
Work will continue in 2018-19 to recommission services from these sectors in a way that will deliver the Integration Joint Board’s Strategic Objectives and Policy Priorities as set out in its Strategic Commissioning Plan for 2018-21.

CHANGE PROGRAMME

South Ayrshire Health and Social Care Partnership is continuing to implement a range of projects and initiatives that collectively form a substantial programme for transformation, development and change.

These are detailed in the South Ayrshire Health and Social Care Partnership Strategic Plan and link to Ayrshire wide programmes such as:

- Unscheduled Care;
- New Models of Care for Older People and Adults with Complex Needs; and
- Primary Care - Ambitious for Ayrshire.

Examples of projects and programmes that contribute towards this change agenda include:

- More integrated joint working with University Hospital Ayr with a range of related improvement work.
- Detailed scrutiny of arrangements designed to reduce the levels of unscheduled care in South Ayrshire.
- Work within Biggart Community Hospital to reduce in-patient bed numbers and re-focus the remaining wards to support more step down rehabilitation and palliative care.
- Review of South Lodge and Hillcrest in-house Care Homes, together with day services and day hospitals for older people.
- A range of Primary Care related projects that will be further developed in the context of the new Primary Care Implementation Plan, part of the implementation of the new GMS Contract
- Development of District Nursing, including closer alignment and co-location within Primary Care.
- The development and launch of the Adult Learning Disability Strategy and Implementation Plan and subsequent development of a new Commissioning Plan.
- The development and implementation of an Adult Community Mental Health Strategy and Implementation Plan and subsequent development of a new Commissioning Plan.
- The development of the Community Led Support Programme, including a range of training work, and 7 new community based service access points branded South Ayrshire Connect.
- The development of the Champion's Board and related programme for Looked After Children and Care Leavers.
- The re-focusing of the role of Health Visitors and School Nurses.
- The introduction of children's electronic record keeping and the introduction of the Team Around the Child work.
- Further development and improvement of the management arrangements for Adult and Child Protection in South Ayrshire.
- The external review of our arrangements for Self-Directed Support by “In Control”.
- The implementation of the Sensory Impairment Strategy and the employment of a lead development officer post.
- Further development of Technology Enabled Care work, including work with people living with Hypertension, Diabetes, COPD, Heart Failure and Depression.
- The implementation of the Carers Scotland 2016 Act for adult and young carers.
- Development of a South Ayrshire Dementia Strategy.
- Development of a strategy and improvement plan for End of Life Care.
- Recommissioning of the externally purchased Care at Home Service.
- Implementation of the Care First Social Work Information System.
- Specification of requirements for computerised Call monitoring and Work Scheduling for Care at Home.
- Development of a joint Housing Investment Plan with South Ayrshire Council to meet the needs of HSCP service users, including young people leaving the care system.

THE YEAR AHEAD

In 2018-19 the Partnership and its Partners will take steps to implement the Strategic Objectives and the Planned Programme designed to deliver against the Integration Joint Board Strategic Plan for 2018-21. A flavour of this work under each Strategic Objective, as extracted from the Strategic Plan, will include the following:

- **We will protect vulnerable children and adults from harm**
  The Child Protection Committee is the key local body for developing and implementing child protection strategy in South Ayrshire. The Integration Joint Board will support the work of the South Ayrshire Child Protection Committee. The multi-agency South Ayrshire Adult Protection Committee undertakes a strategic and monitoring function in relation to the implementation of the Adult Support and Protection (Scotland) Act 2007, locally.

- **We will work to provide the best start in life for children in South Ayrshire**
  The IJB will support young carers through its new Carers Strategy. It has produced and consulted on a young carers statement.

- **We will improve outcomes for children who are looked after in South Ayrshire**
  South Ayrshire Corporate Parenting Plan 2017-20 has been developed in partnership with all corporate parents in South Ayrshire. The focus of the plan demonstrates how as Corporate Parents we intend to raise the expectations on care experienced children and young people in South Ayrshire to achieve their potential.

- **We will reduce health inequalities**
  Efforts to tackle inequalities will be reflected in everything the Partnership does – from population public health to community based care and more specialist services. The IJB's policy focus in this area is on Early Intervention.

- **We will shift the balance of care from acute hospitals to community settings**
  The prevention of ill health and early intervention through effective and accessible community and primary health and care services is a priority for the Integration Joint Board and will be a cornerstone of its programme to shift the balance of care from acute hospital to the community and people's homes. "Home First" will be the adopted philosophy as the HSCP seeks to promote personal independence.

- **We will support people to exercise choice and control in the achievement of their personal outcomes**
  The IJB is committed through recently approved strategy documents to the active promotion of choice and control and its new Commissioning Plans for Third and Independent Sector provided services seek the co-operation of provider organisations, appointed, to this approach and to work with it to increase flexibility in a way that better meets people's outcomes through improved innovation. To this end it has commissioned a review of its current operation of its current SDS policy and it will implement the recommendations from this during this three year planning period.

- **We will manage resources effectively , making best use of our integrated capacity**
  The Partnership's Transformation, Organisational Development and Training Plans will support managers and staff to undertake their roles in new and different ways. The Partnership will also put in place a Workforce Plan during this planning period.

REVISED STRATEGIC PLAN

During 2017 work began to renew the IJB Strategic Plan. The first IJB Strategic Plan approved by the Board on 2nd April, 2015 was for the three-year period from 2015-18. A new Plan was largely drafted during 2017-18 for the three-year planning period from 2018-21. The new document was submitted to the IJB for approval in the first quarter of 2018-19. It was prepared in line with Regulations and preparation was overseen by the Strategic Planning Advisory Group. Extensive consultation was undertaken on the new documents through a number of events and by electronic means.

It is proposed that the new Plan will keep the same vision statement as the previous document, but will have an updated Mission Statement and Values. The number of Strategic Objectives against which the Partnership's programme is organised has been reduced from eleven to eight and overall the document is smaller and more concise with a focus on a deliverable programme funded by the Integrated Budget.

The Plan links commissioning intent to the resources that are at the IJB's disposal in a way that is consistent with its equalities objectives and takes full account of its strategic level risks as identified in its Strategic Risk Register. The finalised plan approved by the IJB will include an Implementation Plan and progress against this will be monitored by the Performance and Audit Committee.

APPENDIX 1: NATIONAL HEALTH AND WELLBEING INDICATORS DATA

NATIONAL INDICATORS		South Ayrshire Health and Social Care Partnership Data							Scotland Latest Data	RAG STATUS
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
NI-1	Percentage of adults able to look after their health very well or quite well	N/A	N/A	95%	N/A	95%	N/A	94%	93%	
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	N/A	N/A	83%	N/A	83%	N/A	82%	81%	
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	N/A	N/A	81%	N/A	80%	N/A	77%	76%	
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	N/A	N/A	79%	N/A	74%	N/A	85% (s)	74%	
NI-5	Total percentage of adults receiving any care or support who rated it as excellent or good	N/A	N/A	81%	N/A	83%	N/A	85%	80%	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	N/A	N/A	89%	N/A	90%	N/A	88% (s)	83%	
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	N/A	N/A	82%	N/A	83%	N/A	87% (s)	80%	
NI-8	Total combined percentage of carers who feel supported to continue in their caring role	N/A	N/A	43%	N/A	40%	N/A	36%	37%	

NATIONAL INDICATORS		South Ayrshire Health and Social Care Partnership Data							Scotland Latest Data	RAG STATUS
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
NI-9	Percentage of adults supported at home who agreed they felt safe	N/A	N/A	83%	N/A	85%	N/A	85%	83%	
NI-10	Percentage of staff who say they would recommend their workplace as a good place to work	N/A	N/A	N/A	N/A	N/A	72%	74%	74%	
NI-11	Premature mortality rate per 100,000 persons	417	387	425	391	422	451	380	440	
NI-12	Emergency admission rate (per 100,000 population)	13,733	14,926	14,817	15,800	16,333	16,572	17,671	11,959	
NI-13	Emergency bed day rate (per 100,000 population)	124,364	149,036	151,926	164,354	176,011	177,345	167,451	115,518	
NI-14	Readmission to hospital within 28 days (per 1,000 population)	93	108	109	106	110	116	115	97	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	87%	86%	85%	86%	86%	85%	87% (p)	89%	
NI-16	Falls rate per 1,000 population aged 65+	20%	24%	22%	25%	24%	22%	25%	22%	
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	N/A	N/A	N/A	86%	89%	86%	87%	85%	
NI-18	Percentage of adults with intensive care needs receiving care at home	67%	71%	67%	63%	65%	65%	Data not available.	61%	
NI-19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	N/A	414	629	900	838	1273	991	772	

NATIONAL INDICATORS		South Ayrshire Health and Social Care Partnership Data							Scotland Latest Data	RAG STATUS
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	25%	28%	27%	29%	29%	29%	23%	
NI-21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	**Indicator under development**								
NI-22	Percentage of people who are discharged from hospital within 72 hours of being ready	**Indicator under development**								
NI-23	Expenditure on end of life care, cost in last 6 months per death	**Indicator under development**								

The above figures were provided by ISD Scotland to all Partnerships for inclusion in Annual Performance Reports.

(p) provisional figures

(s) statistically significant difference in the percent positive result between SA HSCP area and Scotland as reported through the Health and Social Care Experience Survey.

	No concerns
	Some concerns
	Major concerns

APPENDIX 2: INTEGRATED CARE FUND 2017-2018

The following table provides further detail on the projects/services funded by the Integrated Care Fund for the period 2017-2018:

Programme Theme	Project title	ICF Investment	Actual Spend	Outcomes
Developing Comprehensive Clinical and Care Pathways	Medicines Management Service 1 - Care at Home Pharmacy Service	£70,000	£57,649	Key outcomes achieved: • Patients able to access help with their medications. • Improve the quality of experience of patients and their carers in the discharge process • Wherever possible independent management of medicine administration is encouraged • Informal carers will feel supported to continue in their role reducing the need for formal care service for medication support. • People prescribed multiple drugs receive support to understand and manage their medicines • Contribution to reduction of unplanned hospital admissions due to preventable issues with medications • Cap Tech service mainstreamed • Agreement for second Cap Tech post • Data collection process established • Referral process now includes from hospital sector
	Medicines Management Service 3 - Pharmacy input to Girvan Community Hospital			Key outcomes achieved: • Patients able to access a clinical pharmacy service in the community • More intensive case management of the pharmaceutical needs of patients with more complex needs contributed to a shift in the balance of care from the acute to the community setting • Involvement of community pharmacists in an extended clinical role enabled clinical skills to be available to patients and the MDT in the community setting

				• People prescribed multiple drugs receive support to understand and manage their medicines • Contribution to reduction of unplanned hospital admissions
	Medicines Management Service 4 - Level 3 MAR Chart Service			• Improved links between pharmacy and carers • Improved record keeping • Improved patient safety • People feel safer in their own homes • Promotion of supported self-care and independence • Supported discharge • Reduced admissions associated with medication • Reduction in care home admissions • Carers feel more supported • Increased confidence and competence of staff
	Red Cross Home from Hospital	£94,000	£71,936	Typical activities carried out include support with referring to Welfare Rights Teams; referrals to Social Work and Occupational Therapy regarding support at home and adaptions and referrals to carers' networks. • Number of patients transported: 1716 • Number of Admissions Avoided: 73 • A&E 4 hour waiting time breaches avoided: 416
	ACP/MDT Project	£90,000	£52,200	This project has now been superseded by the new GP Contracts.
	Ayrshire Doctors on call (ADOC)/Single Point of Contact (SPOC)	£13,000	£13,000	South Ayrshire contribution to Ayrshire wide administrative support to provide a single point of contact.
	Girvan CH	£0	£27,775	Transition from previous arrangements to support clinical work in Girvan Community Hospital.
	GP Care Home Alignment	£0	£13,440	Stakeholder GP's, Scottish Care and the Clinical Director carried out an overview of the effectiveness of GP Care Home Alignment.

	Falls Prevention	£26,000	£27,465	Contribution to two Ayrshire wide posts that have successfully been filled. The Strategic Falls Post co-ordinates a response to the national strategy. The Falls trainer delivers training in care homes and to care at home staff.
	Respiratory Clinics	£10,000	£7,150	Carrick Respiratory Clinic is still ongoing and will be considered as part of overview of services within Girvan Community Hospital and Locality.
Total		**£303,000**	**£270,615**	
Strengthening Rehabilitation and Self-Management	Community Rehab Occupational Therapy Team	£170,571	£125,003	This project is being considered in the broader Ayrshire-wide New Models of Care and Community Rehabilitation.
	Health Active Rehabilitation Programme (HARP) for people with multi-morbidity - Tier 2	£30,000	£38,000	• 11 classes available across South Ayrshire. Clients outcomes from attending the classes are positive • Links are established with voluntary and community groups. • Referral pathways are established • Client referrals to additional activities within Sports Development Health Programme are established. • Activity for Health - Exercise referral programme. • HARP staff are fully qualified to an appropriate level to instruct classes and complete consultations with clients. • Further evaluation of the HARP Programme is taking place.
	Health Active Rehabilitation Programme (HARP) for people with multi-morbidity - Tier 3 and Tier 4	£50,000	£45,487	The total referrals are 198 in 17/18 in contrast to 100 in 16/17. • 160 assessments were carried out • 90 classes took place • Approx. 600 Exercise sessions • 21 volunteers are being supported to help in classes Evaluation suggests at six months a 77% reduction in bed days within the group who receive the full programme and a 54% reduction in bed days in those who attend clinic. The mean bed day per patient treated reduced from 1.54 to 0.36. On this basis using the 160 assessments carried out, the service in SA has prevented 189 bed days in the first six

				months with the impact at a year and longer still to be calculated. Volunteer facilitators are supporting “Moving on together”, a self- management element of the programme and in addition 21 volunteers are supporting classes. The underspend is due to a vacancy being unfilled for three months.
	Invigor8 - Falls Prevention Programme	£54,000	£54,000	Staffing is complete to Instruct 14 Invigor8 classes. 6 classes in Ayr • 1 class in Girvan • 1 class in Maybole • 2 classes in Prestwick • 3 classes in Troon • 1 class in Hillcrest Care Home Girvan Training completed for staff in house and external. Links are established with voluntary. Referral pathways are established Referral to additional activities within Sports Development Health Programme is established.
	Self-Management Network	£500	£1,296	Annual network event held to promote local schemes and amenities, allows networking between those attending.
	Talking about Diabetes	£0	£33	This provides self-management training to small groups of diabetics in order to manage their symptoms.
Total		**£305,071**	**£263,819**	
Developing Community and Locality Preventative Programme	Unity Enterprise	£70,000	£70,000	We have various support groups within the centre and in the communities. We invite all carers to attend these groups and this helps people with isolation and brings them closer to their community. One of the groups is a walking group and this is beneficial for older people’s health keeping them active. We have evening support groups this is to offer different times for people to access our service. This gives opportunities for carers to join in on an evening rather than during the day. This will get carers involved with each other and supports carers with loneliness.

				We provide information to carers' particularly in rural areas and are always trying to find hidden carers. Constantly reviewing what we do and speaking carers and listening to their view helps us have accurate way on how to support carers.
	Voluntary Action South Ayrshire (VASA)	£127,000	£127,000	The main overarching long term objectives are focused on early intervention, prevention and to help tackle social isolation and loneliness among the older population by offering a range of services linked to health and wellbeing. In addition, VASA, supports the local Third Sector via consultation events, distribution of relevant information with a health and social care focus and representing the sector at IJB, SPAG, CLS, Mental Health Partnership, Learning Disability Partnership, Self-management Network, Children's ICSP, Community Safety, PB events and Community Links and Locality meetings.
	VASA 3rd Sector Led Programme - AUFA - Walking, Talking and Drawing			Short term: • Deliver Walking football, football memories, Drawing classes, the shed and walking group activities across South Ayrshire. All activities to be appropriate for target groups mentioned above. • Recruit Volunteers to help shape the programme. Medium Term: • Grow number of participants at each activity. • Understand participants' needs when involved in the programme. • Work more with GPs, NHS, carers and Alzheimer Scotland regards to referrals for the various activities. (Build a bank of partners) • Start to introduce cost to participate or Look at Volunteer led activity. Long Term: • Walking football to become self-sustainable • Continue regular/same activities for current participants and new participants. Increase centres across South Ayrshire.

		£80,000	£80,000	• Seek larger pots of funding to secure jobs and keep the programme running for longer.
	VASA 3rd Sector Led Programme – Aspire2gether HOPE (Helping Older People Engage) Project			• With the support of the HOPE Service they can link into other Services and Agencies who can assist them retain their independence and allow them to self-manage their own home, personal life and finances. • The Support Workers have monitored the over 55's health and wellbeing and engaged with Health Services, where needed. • The HOPE Service has helped reduce social isolation for over 55's in South Ayrshire Towns and Rural Villages by signposting the 55's to activity groups within their communities, day care centres, book clubs, dance and exercise classes, gardening clubs and linking people back into their community churches. • The HOPE Service also reduces the number of service user to go into hospital, where possible, by supporting them to attended medical appointments to address their health issues right away, and not ignore them. • The HOPE Service reduces poverty by maximizing benefits that improve service user's income, so they can heat their homes and buy good quality food.
	VASA 3rd Sector Led Programme – Carrick Recovery group (Ayr Action for Mental Health)			• Develop a sustainable Recovery Support Community in Carrick, long term • Provide a safe, relaxed community hub for people in recovery, their families, friends and local community to come together, short, medium and long term. • Provide a platform and opportunities for people in recovery to enter into employment, volunteering and education, medium and long term. • Reduce stigma around recovery in Carrick, long term. • Increase credibility for the Recovery movement through engagement with established groups in the Carrick area, medium and long term. • For the Recovery Group to become Peer Led and to plan its

				own development, medium and long term.
	VASA 3rd Sector Led Programme – Multi-sports project			To run various multi sports clubs in South Ayrshire for people with disabilities. The clubs were aimed to improve health & wellbeing and promote inclusion. At the beginning of the project there were 4 clubs. South Ayrshire Council has since take on the running of the clubs which speak volume for the popularity and sustainability of them. This then gave the project the opportunity to concentrate on expanding the South Ayrshire Tigers and the club in Girvan.
	Community Engagement Officers	£125,000	£100,406	Each locality group has elected a Chair, Vice Chair and Strategic Planning Advisory Group representative and meet on a monthly basis. Themes agendas are being taken forward by the locality groups to encourage wider membership. Action plans have been created which identify the priorities of the groups.
	Small Grants Fund	£30,000	£30,000	Through an initial focus on a modest small grants budget of £5,000 per locality each group has made significant wider connections with the local community through small grants and participatory budgeting events. The activity has enabled some local priorities to begin to be tackled through small local project activity.
	Locality Planning Admin	£9,000	£7,661	Administration monies used to support a broad range of locality work including sourcing venues, hospitality and transport.
	Community Links Practitioners (CLP)	£97,500	£90,506	CLPs have established a presence in 12 GP Practices across South Ayrshire to support people to link in to the local area and access social and community supports.
Total		**£538,500**	**£505,573**	

Programme Support and Enablers	Local Integration & Improvement Lead, Independent Sector (14 hours p/w)	£26,400	£26,400	• To represent the views of the local Independent Sector Care Providers & Scottish Care at various levels, including governance level, within the Health & Social Care Partnership. • To communicate with and promote the engagement of local Care Providers • To work collaboratively with statutory and Third Sector colleagues, service users, carers and other partners. • To lead/support service improvement of the Independent Sector in conjunction with Health and Social Care Partnership organisations and individuals. • Contribute to the Strategic Plans within Partnership and locality areas
	Additional Spend	£88,000	£77,116	Communications, Programme Management
Total		**£114,400**	**£103,516**	
Supporting Service Improvement, Design and Change	South Ayrshire Health and Social Care Workforce Planning	£59,600	£33,300	Post holder resigned – hold on recruitment currently.
	Community Hearing Service	£30,000	£0	The service will provide a Community Hearing Support Service comprising of 10 (half day sessions) the frequency of which will be two weekly The service will raise awareness of sensory loss and of services available to those with auditory loss and will promote independence and participation in the community. People will be more independent and be able to self-care with regard to their auditory loss. Activities include: replacing tubing and hearing aid batteries, offering peer support to give service users confidence to manage their hearing aids. Other benefits associated with the aims of the initiative will be:-

				- Support independent living - Reduce isolation - Signpost service users to other agencies
	National Autistic Society – One Stop Shop (Ayrshire)	£15,000	£15,000	Key objectives achieved: 1. Improved health and well being Through emotional support and 1:1 contact including phone, text and email. 2. Engaged in local community Identifying interests and individual capabilities and tolerances whilst supporting to transition to new opportunities 3. More financially stable Support to access benefits such as DLA, PIP and ESA whilst emotionally supporting and preparing for the high anxiety provoking face to face interviews 4. Skills development Boosting self-esteem through person centred planning skills and continued encouragement plus presenting opportunities in the most appropriate environments. 5. Feeling confident and safe in the community Making safe and meaningful links between other groups, organisations and resources within an individual's local community where appropriate and available. 6. Improved sense of identity Working with individuals to help them gain an insight into their own condition and how it impacts on their life whilst supporting to identify and put self-management tools in place. 7. Paid and unpaid employment opportunities Making links and individuals and employers aware of support mechanisms available to allow the opportunity to become sustainable. 8. Have increased knowledge and understanding of autism Continuing to build links and share good practice with others across Ayrshire.

				9. Increase in parent/carer awareness and understanding through the delivery of Autism Seminars for Families
	District Nurse Review	£60,000	£60,351	The Senior Nurse Community Post continues to be involved n the review of the District Nurse function.
	Service Improvement	£53,000	£35,771	Costs accrued to support the development of strategies, policy documents, consultations and cross-sector working e.g. on the development of the Mental Health Strategy, Learning Disability Strategy and the Short Breaks Policy.
	Contracts and Commissioning	£37,500	£28,411	Contracts and Commissioning Officer post.
	Children's Services (Ayrshire) Planning Lead	£15,000	£15,000	Coordination of the Infant, Children and Young People Transformational Change Programme, which includes the coordination of the Implementation of the Children and Young People (Scotland) Act 2014 (Parts 4, 5 and 18, section 96) and Information Sharing and Child's Plan (Scotland) Bill 2017. Pan Ayrshire Implementation Working Group set up to oversee the Workplan, covering; Named Person Service, GIRFEC Resources, Information Sharing, Request for Assistance, Ayrshire GIRFEC website, Good Practice Outcomes Guide, Team Around the Child Guidance, Communications Plan and Audit. Coordination of the 4 key child health improvement areas and Project Leads identified: • Emotional Health and Wellbeing: Adverse Childhood Experiences (ACEs) • Early Years: Child Poverty and NHS Ayrshire & Arran Corporate responsibility: Co-ordination of the Scottish Government Child Poverty Action Plan • Maternal Health: Foetal Alcohol Spectrum Disorder (FASD), Infant Feeding, Maternal Obesity and Smoking in Pregnancy. • Implementation of the Children and Young People (Scotland) Act 2014 –

				• Care Experienced Children: Looked After at Home and Accommodated. **Progress to date:** • Monthly Programme Board meetings. • Programme documentation produced, including; Governance structure, Terms of Reference, implementation plan, key performance indicators and quarterly h which is a standing agenda item at Programme Board meetings and Children Services Strategic Planning Groups within East, North and South Ayrshire; • Project Leads identified; and • Monthly Project Team meetings. • Produced logic model showing long term, medium term and short term outcomes of the Programme. • Meetings with Project Leads to produce a nested logic model showing long term, medium term and short term outcomes for each of the priority areas.
	Children's Services – Life Changes Trust Match Funding	£10,000	£10,000	Match funding for the Life Changes Trust funding for the Champions for Change Board.
	Community Led Support	£45,000	£37,456	Relic costs for NDTI contract for Effective Conversations Training and New Front Doors.
	Planning and Performance Post	£59,600	£26,721	Strategy, Policy and Planning Officer post in Planning and Performance Team.
	Strategic Plan and Dementia Strategy	£4,000	£273	Development of new Strategic Plan for the period 2018-2021. Draft Dementia Strategy for the Partnership is also under development.
Total		**£388,700**	**£268,283**	
	Technology Enabled Care (TEC)	£100,000	£100,000	To support the spread of telecare across South Ayrshire. To introduce a basic package of a community alarm and a linked smoke detector to all telecare users.

Developing Technology Enabled Care (TEC)				To continue to support the use of telecare with individuals with dementia. Due to the rise in demand for telecare we currently have to prioritise this against the demand for the maintenance of the equipment. We are also working with SAMS to improve on the data to understand the competing demands on our limited response service. The £100,000 budget has been used and the equipment remaining will sustain us until the new budget in April 2018. We have completed the work with the smoke detectors all individuals have a linked smoke detector unless declined by community alarm user. We currently have 3,106 community alarm users. Which is 15% increase under the 20% increase that we were aiming to achieve. This has been a result of staff leaving and recruitment to fill these posts.
	Telehealth	£115,000	£88,448	Supporting further development of home health monitoring for COPD, diabetes etc.
Total		**£215,000**	**£188,448**	
Additional Spend		**£475,329**	**£695,473**	
Grand Total		**£2,340,000**	**£2,295,727**	

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This information can be made available, on request, in braille, large print or audio formats and can be translated into a range of languages. Contact details are provided below.

درخواست کرنے پر یہ معلومات نابینا افراد کے لئے اُبھرے حروف، بڑے حروف یا آڈیو میں مہیا کی جاسکتی ہے اور اسکا مختلف زبانوں میں ترجمہ بھی کیا جاسکتا ہے۔ رابطہ کی تفصیلات نیچے فراہم کی گئی ہیں۔

本信息可应要求提供盲文，大字印刷或音频格式，以及可翻译成多种语言。以下是详细联系方式。

本信息可慮應要求提供盲文，大字印刷或音頻格式，以及可翻譯成多种語言。以下是詳細聯系方式。

ਇਹ ਜਾਣਕਾਰੀ ਮੰਗ ਕੇ ਬੋਲ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਸਣਨ ਵਾਲੇ ਰਪ ਵਿਚ ਵੀ ਲਈ ਜਾ ਸਕਦੀ ਹੈ, ਅਤੇ ਇਹਦਾ ਤਰਜਮਾ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਕਰਵਾਇਆ ਜਾ ਸਕਦਾ ਹੈ। ਸੰਪਰਕ ਕਰਨ ਲਈ ਜਾਣਕਾਰੀ ਹੇਠਾਂ ਦਿੱਤੀ ਗਈ ਹੈ।

Niniejsze informacje mogą zostać udostępnione na życzenie, w alfabecie Braille'a, w druku powiększonym lub w formacie audio oraz mogą zostać przetłumaczone na wiele języków obcych. Dane kontaktowe znajdują się poniżej.

Faodar am fiosrachadh seo fhaighinn, le iarrtas, ann am braille, clò mòr no clàr fuaim agus tha e comasach eadar-theangachadh gu grunn chànanan. Tha fiosrachadh gu h-ìosal mu bhith a' cur fios a-steach.

South Ayrshire Health and Social Care Partnership

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