



south ayrshire
health & social care
partnership

Annual Performance Report 2020 - 2021



Contents

Foreword	3
Director's Introduction	4
Strategic Context	5
Impact of the Covid-19 pandemic.....	7
Key Messages and Highlights 2020-2021	9
Achieving Our Strategic Objectives	11
Lead Partnership Responsibilities	17
National Health and Wellbeing Outcomes.....	23
Ministerial Strategic Group for Health and Community Care Core Indicators	45
Children's Outcomes.....	48
Justice Outcomes	58
Financial Performance and Best Value	60
Community Activity	64
Participation, Consultation and Engagement.....	68
Clinical Care and Governance	70
Integration Joint Board – Governance and Decision Making.....	71
In Year Progress and Year Ahead	72
Appendix 1: National Health and Wellbeing Indicators Data.....	74

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Foreword

This Annual Report looks at the reporting period 2020-21 which was clearly challenging year like no other for the health and social care system and, most importantly, a difficult time for families across South Ayrshire affected either directly or indirectly by the global COVID-19 pandemic.



The IJB's statutory Annual Performance Report is an important element of our accountability, providing not just an overview of key performance measures, but also examples of the positive impact HSCP services have made to people's lives in South Ayrshire. I am proud of the work the partnership has undertaken in these trying times and heartened by the way our community has pulled together to support one another since the pandemic began.

During the reporting period, the IJB developed and agreed a new Strategic Plan, setting out a bold ten-year vision for health and social care in South Ayrshire and we hope that the ambition set out in that Plan is also reflected in this report.

Now, more than ever, we should appreciate the vital work of health and social care services and our key workers who dedicate their lives to supporting the wellbeing of our communities. This applies to those employed by South Ayrshire Council, NHS Ayrshire and Arran and our third and independent sector partner providers in a range of front-line and supporting roles – the positive outcomes demonstrated in this report are down to them.

As Chair of the IJB, I would like to place on record my thanks to all those who continue to play their part in the success of South Ayrshire Health and Social Care Partnership.

A handwritten signature in black ink that reads "Julie Dettbarn". The signature is fluid and cursive.

Councillor Julie Dettbarn, Portfolio Holder for Health & Social Care

Chair of South Ayrshire Health and Social Care Partnership Integration Joint Board

Director's Introduction

For South Ayrshire, just as for the rest of the country 2020-21 was a year like no other for health and social care services and for the communities we support. Together we have faced unprecedented challenges, uncertainty and of course grief for many families affected by COVID-19.

As Chief Officer for South Ayrshire Health and Social Care Partnership, I am proud to have led a group of staff over the past year who have shown incredible resolve and resilience to maintain high quality services for the people we support. Throughout the pandemic we have also worked closer than ever with our dedicated partners in the third and independent sector, recognising that we share common challenges and a common goal of protecting and improving the lives of the people we support. This year also saw an unparalleled increase in community activity, demonstrating that there is a resilience and sense of care within our communities that we must not lose sight of.



The Annual Performance Report for 2021-22 reflects the direct impact COVID-19 has had on our services and some of our key indicators, for example, as would be expected, emergency admissions to hospital were down significantly as a result of behaviour change within the population. We have also seen volatility in delayed transfers of care, as described in detail within this report.

Over the course of the year, our services have had to adapt to the various levels of restrictions put in place. While ultimately challenging for our staff and the people we support, there have also been positives to draw upon: maintaining a level of service while protecting as many citizens as possible from the virus is something our staff can be proud of. Some adaptations we made to our services have accelerated innovation and progress across the HSCP including the enhanced use of digital technology.

I am confident that this Annual Report shows good progress against key national indicators as well as our own local strategic objectives and to have continued this progress in this most difficult of years is a credit to our staff and partner organisations alike.

In June 2021, we published our IJB Strategic Plan 2021-31 setting out a ten-year vision and a new set of strategic objectives for the HSCP. Following this year like no other, I am confident that we can build on our ability to overcome the barriers thrown up by the pandemic and move on to deliver on our ambitious plans for service transformation and improvement over the coming years.



Tim Eltringham, Director of Health and Social Care

Strategic Context

In South Ayrshire, the HSCP delivers and commissions a broad range of services, meaning the HSCP is in contact with citizens at all stages of life. Services delegated by South Ayrshire Council and the NHS cover:

- Adults and Older People's Community Health and Care Services;
- Allied Health Professions;
- Children's Health and Care Services;
- Community Nursing; and
- Justice Services.

In practice, this means that our services work more closely together to deliver streamlined and effective support to people that need it, bringing together a range of professionals including social work, nursing and our allied health professionals.

All services are strategically driven by local and national priorities and full service details are provided within the [South Ayrshire Integration Scheme](#).

The Public Bodies (Joint Working) (Scotland) Act, establishing integrated health and social care partnerships on a legal footing, came into effect on 2 April 2014.

The HSCP is governed by the IJB – a separate legal entity in its own right - which is responsible for planning and overseeing the delivery of community health, social work and social care services. The IJB is responsible for allocating the integrated revenue budget for health and social care in accordance with the objectives set out in its Strategic Plan.

The IJB includes members from NHS Ayrshire & Arran, South Ayrshire Council, representatives of the Third Sector, Independent Sector, staff representatives and others representing the interests of patients, service users and carers.



The Integration Joint Board approved its first Strategic Plan at its inaugural meeting on in 2015 followed by a revised Strategic Plan for the period 2018-2021 which this reporting period covers. Our new Strategic Plan was approved by the IJB in March 2021. Our [new Strategic Plan](#) aims to provide a ten-year vision for integrated health and social care services which sets out objectives for the HSCP and how it will use its resources to integrate services in pursuit of national and local outcomes.

IJB Strategic Plan 2021-2031



The overarching aim of the HSCP is to work together with the citizens of South Ayrshire to improve health and wellbeing and support communities to be resourceful and supportive of family, friends and neighbours. South Ayrshire Health and Social Care Partnership has responsibility for the delivery of Community Planning Partnership priorities for health and wellbeing, as outlined in the Local Outcomes Improvement Plan (LOIP). The management structure of the HSCP supports integration with all Heads of Service and Senior Managers having responsibility for both health and social care throughout adult and children's services.

The vision of our Strategic Plan for 2018-21 is: *'Working together for the best possible health and wellbeing of our communities.'* In order to achieve this vision, during the reporting period the HSCP were working towards eight strategic objectives:

1. We will protect vulnerable children and adults from harm
2. We will work to provide the best start in life for children in South Ayrshire
3. We will improve outcomes for children who are looked after in South Ayrshire
4. We will reduce health inequalities
5. We will shift the balance of care from acute hospitals to community settings
6. We will support people to exercise choice and control in the achievement of their personal outcomes
7. We will manage resources effectively, making best use of our integrated capacity.
8. We will give all of our stakeholders a voice

Impact of the Covid-19 pandemic

This report covers the period to March 2021. Therefore, the activity of the HSCP has focused largely on responding to COVID-19 and adapting to the public health measures in place across the country. In response to the pandemic, we focused a significant proportion of our resources on supporting our communities through this uncertainty and maintaining service provision as best as possible prioritising critical need.

The impact on performance is not yet wholly clear across all services and although governance meetings were temporarily stepped down for the first few months of the pandemic, we continued to provide assurance to our Integration Joint Board and tracked key data in relation to the pandemic response e.g. delayed discharges, infection and testing rates within care homes, waiting times for key services and adult and child protection.

As the scale of the outbreak intensified, and working from home became the new normal, daily teleconferences were held to discuss key issues as they were emerging and to plan the implementation of specific national guidance as it was being produced.

Communications with the communities we serve, staff and third sector provider organisations were stepped up and for the first several months of the pandemic daily briefings were issued to all stakeholders.

A local mobilisation plan was created, detailing the financial impact of the activity necessary to respond to Covid-19. The plan provides a focal point for the Partnership's response to the pandemic and allows senior management to track progress and costings against key actions.

We continued to work in close cooperation with care homes and Scottish Care throughout the pandemic. Through our daily South Ayrshire Care Home Oversight Group, we provided support and oversight to care homes. The Oversight Group agenda also covers day care and care at home services. Currently, the Care Home Oversight Group meets on a weekly basis. These have been unprecedented times for our care home partners and the HSCP has been prioritising our support to the vital work they have been doing to keep residents safe and ensure their wellbeing.

As a result of social distancing measures, some services had to cease. Where possible innovative solutions were put in place using technology to communicate with service users, holding quizzes and exercise classes on-line.

Weekly teleconferences are also undertaken giving providers an opportunity to ask any questions. During the calls, information is provided on operational issues and financial assistance, including developments in new legislation relating to financial sustainability for providers. COSLA provided commissioning guidance to ensure financial sustainability. This has been implemented including payments for additional PPE costs, payments to care homes due to fall in occupancy levels.

New guidance on required Personal Protective Equipment (PPE) led to an increase in volumes required to be purchased. Working in partnership with the Council and NHS procurement teams, three pathways for access to PPE were identified, to ensure all staff, third sector providers and carers receive relevant PPE, in the right volume at the right time. We created a PPE hub by utilising an existing building used by Justice Services that was vacant due to the pandemic.

Technology was sourced to enable staff to work from home through working in partnership with both NHS and Council IT teams. Staff wellbeing hubs were established in three locations across South Ayrshire and a Listening Service was developed. These support services were available to all HSCP staff and provider organisations to provide a safe space for staff to offload and reflect on the challenging circumstances they were facing.

Workforce requirements were identified and addressed via the “Silver” staffing group. This group developed workforce requirements for the community hub, whose job is to receive and respond to referrals from primary care Covid-19 Clinical Assessment Centre. Remobilisation plans were developed to redeploy existing staff to areas of need.

The response to the Covid-19 pandemic has seen new ways of working emerging. Relationships developed quickly with wider services in partner organisations and with external providers. Overall, there has been an increased sense of partnership working to get things done.

Moving into 2021-22, the IJB has a significant challenge in shaping a “new normal” for health and social care particularly with the unknown impact of the Independent Review of Adult Social Care. The pandemic has seen the emergence of new ways of delivering care through increased use of technology. In some areas this has accelerated the pace of change of what was already planned and in other service delivery areas this has proved an effective way of communicating both within operational teams and with individuals and their families.

The lessons learned from responding to the pandemic and the ease with which we rapidly responded to emerging changes in work practices need to be harnessed and developed. Cognisance needs to be given to the impact on the wellbeing of staff and how support for staff will continue whilst decisions are being made on the future operating model. There are opportunities that have arisen through rapid change and implementation of new processes, systems development and relationships that can further imbed integration and transformation required going forward. These changes should be enablers to further shift the balance of care from institutional to community settings.

Key Messages and Highlights 2020-2021

The health and social care sector has had a challenging year in responding to the Covid pandemic and in particular the effect of two waves of the virus and subsequent nationwide lockdowns had a significant impact on NHS and social care services. Our main priority and focus remained on keeping people safe and protected. In responding to Covid we continued to provide support in a safe and timely manner to those most in need this was achieved through dedication of the health and social workforce. Despite the challenges this year, opportunities have arisen in the way we work and these can be summed up below:

Collaborative Working – during the last year we have worked closer than ever with our stakeholders. We have built on existing relationships with our commissioned providers and voluntary organisations, who worked alongside us in directing care and support to the community. We worked together to understand and implement new guidance and policies. We formed new relationships with national organisations who provided a valuable contribution in navigating through the pandemic providing insight and knowledge at a national level to assist us in understanding the local implications. This was achieved as we all shared a common purpose to keep people safe and protected.

Staff Resilience – the health and social care workforce had to change their working practices overnight and follow guidance on use of Personal Protective Equipment (PPE) and undertake regular testing. Front line workers were the first to be vaccinated recognising their role has a high level of risk in contracting the virus. Capacity of workforce had to be increased and staff returned from retirement, students were provided with temporary contracts and staff from other services redeployed.

Pace of Change – we have learned to change processes and ways of working at speed this has been achieved by working together with partners or in teams, understanding what has to be achieved, how this will be actioned and by when. The fact that we had financial resources to facilitate changes in the system removed barriers. At the outset of the pandemic the focus was on reducing delayed discharges to provide capacity in hospital, this was achieved from additional capacity in care homes, care at home and utilising the community hospitals.

Innovation – the scale of rapid change in the use and utilisation of technology to assist health and social care needs as well as supporting staff to do their work at home intensified. Zoom meetings were used to contact service users and their families, offering quizzes and fitness classes. The use of NHS appointments service “Near me” video appointments became the new normal. Socially distanced walks, window visits, and micro-breaks were implemented to support carers.

Planning the response to the pandemic focussed on a whole system approach across health and social care including working with our commissioned providers and voluntary organisations. The Directorate Management Team met on a daily basis in the initial months of the pandemic to discuss actions plans taken forward to provide additional

capacity to support the community. These actions plans were monitored and reviewed daily.

The Scottish Government required NHS Boards and their Health and Social Care Partnerships (HSCPs) to develop Local Mobilisation Plans (LMP) templates were then provided by Scottish Government to ensure transparency across all Health and Social Care Partnerships. Over the course of the year the LMP was revised as national guidance was produced and implemented and local performance data on workforce and service activity was interrogated to assess where resources were being utilised. A Pan Ayrshire review meeting with Scottish Government took place to discuss the underlying assumptions on activity behind the financial resources allocated to the plan. Funding was allocated at various instalments during the year based on submission of the updated LMP. Funding provided by the Scottish Government included:

- Increase capacity in care homes, care at home
- Surge capacity in Community Hospitals
- Personal Protective Equipment
- Staffing resources
- Provider sustainability payments

Operationally over the course of the year we have continued to move forwards in meeting our strategic priorities. We met challenges head on and developed new ways of engaging with service users, delivery services and meeting the needs of the community.

Achieving Our Strategic Objectives

Protect Vulnerable Children and Adults from Harm

The [Child Protection Committee](#) and [Adult Protection Committee](#) report to the Chief Officers Group (COG) through the Independent Chair. In the year past both committees have continued to discharge their responsibilities through virtual meetings and progression of their business plans with activity progressing on a number of fronts. Developments this year include:

- Successfully completing work on the performance reporting data and format leading to improved analysis and exploration of emerging trends and themes. This was of particular value given the impact of lockdown on services and communities.
- Restructuring of the sub committees – Policy and Performance; Practice Development; Communications.
- Development of auditing activity across adult and children’s services

Children are placed on the child protection register when there are significant concerns for their safety; at the end of March 2021 the number of children on the Child Protection Register was 25, compared to 18 in March 2020. The period 2020-21 has seen a fluctuation of numbers of children registered, particularly during the lockdown period, however these numbers have remained broadly within the range we would expect.

During the past year 100% performance has been maintained in relation to seeing children on the child protection register. Social Workers worked diligently and with compassion to ensure this critical safeguarding activity continued. South Ayrshire also maintained performance in the range of 90% in relation to completion of child protection investigations within the timescale further indicating the continuation of safe child protection practices.

Adult Protection by its nature is a more volatile area of activity however demand has broadly been in line with expectations. At the end of March 2021 was eight weekly Adult Support Protection (ASP) referrals compared to ten in March 2020.

The past year has seen work to address South Ayrshire’s position as an outlier in terms of adult protection Case Conferences. This situation arose through corrective actions taken as a result of a previous Significant Case Review where a policy was adopted that ensured that if there were three “Vulnerable Adult/Adult Concern” referrals for an individual within a 12-month period, an ASP referral would be made. An unintended consequence of this policy was that there was an increase in ASP Inquiries, Investigations and Case Conferences. A revised “Vulnerable Adult/Adult Concern” escalation procedure, together with working with operational managers has ensured that these referrals are now professionally screened by Team Leaders and escalated where required. This approach now brings us back in line with more established practices across the country.

Work to provide the best start in life for children in South Ayrshire

The Universal Health Visiting Pathway has been fully implemented, this has led to an increase in contact with families, which has enabled early intervention approaches to be used. From 2018/19 to 2019/20, the overall percentage of those reaching the developmental milestones at the time of their 27–30-month review has reduced very slightly from 82.9% to 82.7%. South Ayrshire performance is higher than both the national and Ayrshire and Arran level.

Improve outcomes for children who are looked after in South Ayrshire

In 2016 an Independent Care Review was commissioned by the Scottish Government to conduct a root and branch review of Scotland's care system. Between February 2017 and February 2020, the Care Review heard over 5,500 experiences from children, young people and adults who had lived in care and the paid and unpaid workforce.

The Care Review published its findings and recommendations in a set of five reports. The key report for change is The Promise which sets out an overall view of what the new approach should be to ensure that young people grow up loved, safe, and respected to realise their full potential. The report is broken into 5 foundations Voice, Family, Care, People and Scaffolding.

South Ayrshire Champions Board consists of partnership staff and a range of volunteers all of whom have care experience. The board is able to inform policy changes that will enhance care delivery and ultimately the outcomes of current and future care experienced children. During the year the Board have been involved in developing the implementation of the Promise in South Ayrshire.

The transformational work within children services which was planned for 2020/21, has been disrupted by the Covid-19 pandemic. However there has still be significant progress within the “Whole Family, Whole System Approach”, which was to enable the partnership to work alongside education and health to intervene at an earlier stage and prevent the escalation into care and away from families as well as improving wellbeing for children as they are supported within their community and within family type care settings. There has been the appointment of a Team Leader and a coordinator to this project and an oversight group to ensure that this project delivers on its intended outcomes. there will be more significant results reported back in 2021-22.

Training in year commenced on a new strengths-based model, “Signs of Safety”, this will contribute to cultural change to embed new practice that will build upon community and family assets. Staff from across Partner agencies have engaged in this training which will result in a culture change as to how we work with Children and their families, taking a more asset based, strengths orientated approach, working with families rather than doing things to families.

Services for looked after children and their carers was maintained during the pandemic through use of technology and house visits continued where necessary. Foster panels

continued to operate to review and approve new foster carers during the financial year using Microsoft Teams. Training continued to be delivered to foster carers through use of Microsoft Teams meetings.

During 2020-21 outwith authority placements continued to reduce with an overall reduction of 4 to 19 at the end of the year. At the start of 201-22 we have 10 prospective foster carers available. The vision is that South Ayrshire's Child remain within South Ayrshire and within families or family type support, maintaining strong relationships with brothers and sisters, and wider family networks, education and other community supports and services. Improving outcomes for Children and enabling the reallocation of resources away from expensive outwith authority placements towards more family and community supports.

The number of looked after and looked after and accommodated children has shown a reducing trend over the years, with Social Workers and other staff, intervening at an earlier stage to prevent the need for statutory orders and interventions. In 2020, there was a 22% reduction in the number of looked after children from the previous year. The collaborative working with Health, Education, Community Learning and Development has all contributed to support at the earliest point and a reduction in need for statutory involvement throughout the year.

The Scottish Government provided specific non-recurring funding to meet the mental health and emotional wellbeing needs of children and young people and their families impacted by Covid. This provided an opportunity to invest in specific services that will benefit children and their families in the longer term. Working in partnership with Education services an online mental health service was implemented, and further support made available specifically for looked after young people. Specialised mental health providers are providing support to families and training to partnership staff to ensure benefit can be maximised from one off funding.

Shift the balance of care from acute hospital settings to community settings

In March 2020 initial reaction to the pandemic was focused on reducing delayed transfers of care, to minimise the pressure on the health and social care system in preparation for increased admissions to acute settings. The Scottish Government set an initial target to reduce delayed transfers of care by 400 across Scotland by the end of March 2020, with a further target of an additional 500 by the end of April 2020, this was from a baseline of 1,612 delayed discharges on 4th March 2020.

Within South Ayrshire the delayed transfers of care at 4th March 2020 were 76. As at the 22nd April 2020 they had reduced to 27, a decrease of 64% in line with expectations of Scottish Government. To achieve the reduction, we had to commission additional care home beds and care at home provision. The additional costs were met by the Scottish Government through the mobilisation plan on a temporary basis. Community Care and Health implemented a delayed discharge action plan during the year focusing on specific plans to continually improve the discharges of care, actions included:

- Building capacity into the reablement team to facilitate delayed transfers of care relating to care at home
- Implement a test of change within the responder team to reduce admissions to hospital and enable return home from hospital out of hours
- Further imbed moving and handling process and procedures through training practices to reduce the need for double carers providing additional care at home capacity
- Enhanced intermediate care screening of GP calls and schedule appointment to the Combined Assessment Unit to reduce the number of GP admissions to hospital

The latest delayed discharges data on the 3rd of May 2021, identifies 36 total delays and the number of delays over 2 weeks is 12. This has improved from 76 total delays and 37 delays over 2 weeks on 4th of March 2020. Continual improvement in this area will progress during 2021-22.

During the year the elderly mental health bed redesign was completed. This redesign was a programme of work lead by North Health and Social Care Partnership in their capacity as Lead Partner for Mental Health. The focus has been to reduce the capacity of inpatient wards for Mental Health and transfer patients to the community where possible. In South Ayrshire an innovative response was to enable the move of four long-stay, hard to place individuals, from hospital to the vacant floor of South Lodge (our own elderly care home). This enabled the closure of an NHS ward and wider system savings. Financial resources were transferred to accommodate the additional cost and additional staff employed to meet the needs of the new residents.

Support people to exercise choice and control in the achievement of their personal outcomes

The majority of social care support provided to service users continued during the pandemic, with the exception of day care and group activities, due to social distancing measure these services were not possible. This led to creative new services being developed with use of zoom, service users were able to participate in social activities and keep in touch with their families. Training was provided in use of technology by volunteers. Other respite services evolved and the creation of mini breaks where service users were taken out for the day offering respite to carers.

Using direct payments provides total control over how social care needs are met. For people who were shielding services may have been paused as deemed too risky or paused due to social distancing measures. Communication was provided to direct payment users initially to ensure their needs were being met and to provide advise on how their direct payments could be used flexibility to provide alternative support to meet their needs.

Manage resources effectively, making best use of our integrated capacity

Technology developments have continued during the year with the roll out of Microsoft Teams allowing meetings and training to be delivered whilst working from home. Carefirst is now fully implemented for case management purposes and community care financial data for financial projections. Further developments include implementation of a Resource Allocation System for adult services on Carefirst, input of service users' financial details to calculate their financial contribution to care home costs and Children and Families care package costs.

The in-house Care at Home Service has introduced a call monitoring system, (CM2000). This system enables scheduling and monitoring of care at home services. This has been successfully rolled out to internal care at home and reablement teams. Benefits have been realised in the scheduling of care, allowing for efficiencies to be made in labour intensive rota planning and communicating changes to workers. Lessons from the internal implementation will be transferred to the next stage of implementation with external providers. This has been delayed this year due to the pandemic and prioritisation of direct care delivery.

A Digital Board was established at the start of the year, chaired by the Director of HSCP with representatives from HSCP including Heads of Service, Senior Managers and Council's Heads of Service Finance and ICT and IT representatives. The board review progress on current digital workstreams and discuss and approve future actions.

The [HSCP Digital Strategy](#) was approved by the IJB on the 21st of October 2020. The strategy supports the delivery of the partnership's vision and aligns closely with national and local strategies including Scotland's Digital Health and Care Strategy and the digital strategies of both NHS Ayrshire and Arran and South Ayrshire Council. The full impact of the Covid-10 on health and social care is still not known and the rapid growth in the uptake of technology to meet health and care needs is continuing. It was agreed at the IJB that a refreshed strategy will be brought forward at the end of the year this will incorporate any new developments in national policy and further learnings form Covid-19.

This year has seen a significant increase in the use of Near Me, the NHS video consultancy service, with GP's utilising for appointments and Speech and Language Therapists and Physiotherapists using for consultations. Innovative approaches in service delivery providers using technology for social inclusion, VASA training service users families in use of technology, use of zoom and teams for quizzes, exercise, etc

The Partnership approved their first [Workforce Plan for the period 2019-22](#) in May 2019. This provided a framework for the partnership to ensure that the staffing available supports our developing agenda and there is suitably experienced, skilled, resourced and professional workforce to meet the significant challenges that exist in the health and social care sectors in Ayrshire. The impact of Covid on the workforce and service delivery aligned to remobilisation, recovery and redesign has accelerated the Scottish Governments requirement to understand workforce planning in health and social care more fully. An interim workforce plan for 2021-22 has been developed outlining the workforce capacity required over the next financial year.

Give all our stakeholders a voice

The IJB Strategic Plan 2021-2031, was drafted following significant consultation and engagement. The pandemic created several barriers to the consultation process and our ability to engage with the community and stakeholders in person due to social distancing measures. Several methods were used to overcome these barriers including engagement with Locality Planning Partnerships and Community Planning Partners, an online survey “What Matters to You?”, online workshops and telephone conversations with targeted individuals working in collaboration with the third sector. These methods ensure that the new plan reflects the views and opinions of the community.

During this year we met with our commissioned providers on a regular basis and worked in collaboration to ensure Scottish Government guidance was understood and acted upon. This involved working together with providers, service leads, commissioning and finance to ensure guidance was followed, financial support was available and service delivery appropriate based on the pandemic situation.

Lead Partnership Responsibilities

In 2020-21 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:

Contenance

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

- Intermediate clinics across Ayrshire - the Contenance Team delivers clinics in 12 locations throughout Ayrshire, including a monthly clinic on Arran.
- 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
- An advisory service to patients, carers and voluntary organisations and a Monday to Friday helpline The Partnership is currently in the process of reviewing the continence service to improve upon support to those who use the service.

Family Nurse Partnership

The Family Nurse Partnership (FNP) continue to offer the programme to all first-time parents aged 19 years and under. Between October 2015 and January 2021, 143 young women from South Ayrshire were eligible for the FNP programme and of that 98 have enrolled in the programme. The average age of those enrolling in the programme is 18 years, with 97% of clients residing in SIMD 1-4 areas.

Positive outcomes for the parent and child:

- Average birth weight of infants is 3.34kg, which is considered to be in the normal range.
- 38.9% of mothers involved in the programme initiated breastfeeding their babies, an increase of over 5% in comparison to last year.
- At both 6 months and 24 months, 100% of children on the programme had received recommended immunisations.
- 37% of mothers smoked when joining the programme, reducing to 26% at 36 weeks gestation. 67% of these clients received a referral to smoking cessation.
- Of all referrals made, more than half (53.3%) were to mental health services.

Community Equipment Store

The Community Equipment Store supports the provision of equipment, such as hospital beds, mattresses, hoists, slings etc., across the Ayrshire and Arran Health Board. As lead,

South Ayrshire Health and Social Care Partnership are responsible for line management and budget of the service.

Community Equipment meets a wide range of needs across all care groups and ages, maximising independence and promoting functional abilities. The equipment provided enables children and adults to carry out the activities of daily living within their own home, including transfers, toileting, bathing and mobility. It can also offer specialist equipment solutions such as profiling beds, mattresses, seating and moving and handling equipment for people with more complex needs and longer-term health conditions, allowing them to be cared for at home.

Over the past year we have seen an increase in the need for equipment to prevent hospital admissions and support safe discharges from hospital as well as the continued support of those individuals in the community with complex care needs.

The Partnership is currently reviewing the demand and performance of the Community Equipment Store to promote efficient and effective management of the store and improve upon the support to the disciplines and communities who require its services.

Primary Care

Whilst Primary Care services are ‘housed’ within East Ayrshire HSCP there is still a significant amount of work that is appropriate to report in this Annual Report. For many of our Adult and Older People services, there is a move towards the ‘Team around the GP Practice’ – either services in situ or aligned to GP Practices.



Model of Care for: Older People & Adults With Complex Care Needs

There are some key services that have been established in order to support GPs to deal with more complex patients as ‘Expert Medical Generalists’.

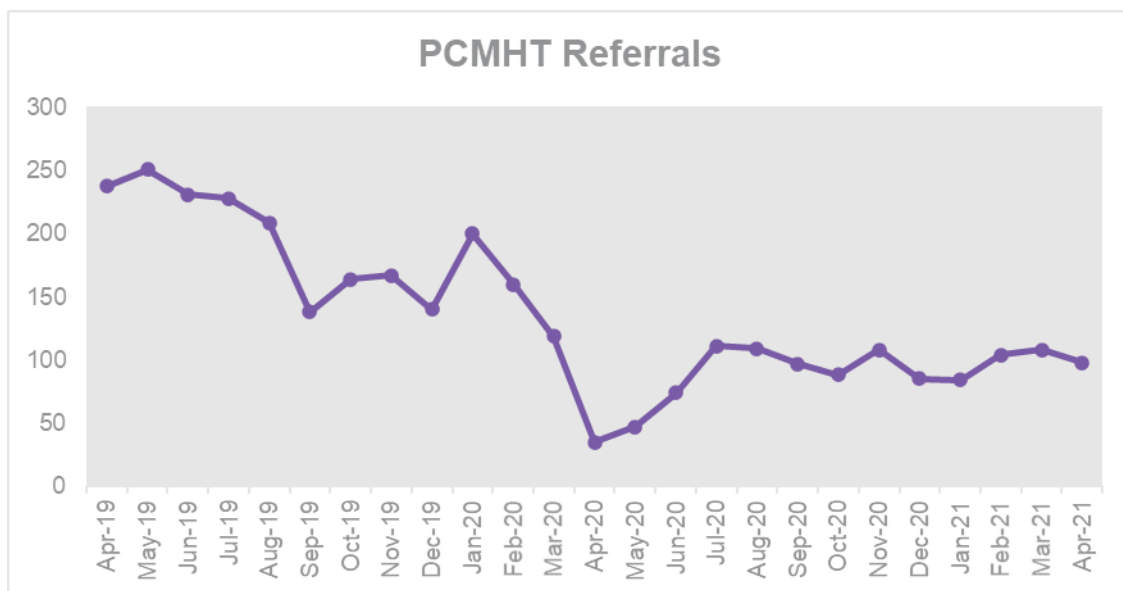
Ayrshire in general is much further ahead than other areas in delivering the demands in the GMS contract for GPs and is in a reasonable place fulfil the contractual needs of the contractual responsibility shifting in the next year for some services. These include:

Pharmacotherapy Teams

- Over £1 million in South Ayrshire HSCP area with a mixture of qualified pharmacists, pharmacy technicians, support workers, pre-qualification technicians and managers
- Pharmacy staff are now providing a significant amount of pharmacy related tasks and functions and this has taken a large load from GPs

Mental Health Practitioners

- There are now Mental Health Practitioners working from almost all South GP Practices, supporting people earlier with assessment and linking them into the appropriate level of care
- As Mental Health Practitioners have been able to triage people earlier, this has reduced the referrals to the Primary Care Mental Health Team (secondary care level)



Community Link Practitioners

- Some demand within Primary Care is more socially than clinically rooted and Community Link Practitioners are increasingly meeting the needs of patients with these kinds of needs.

Physiotherapists dealing with MSK issues

- There are now Physiotherapists working in and from the majority of GP Practices and meeting the needs of patients with Musculo-skeletal issues such as joint pain.

Occupational Therapists

- There is pilot work in 4 GP Practices where OTs are attached to GP Practices.
- They are well placed to support patients where there is both physical and mental health needs.



*The videocall appointment worked **well**, with **good Wi-fi connection**, and I found it much **less stressful** to discuss my problem from my own home rather than travel to the surgery or other clinic setting.*



You helped me rationalise my thoughts and feelings in a caring and understanding way, by workbooks, online tutorials and by listening.



*I feel so grateful to have been able to **access this wonderful service so quickly and easily** through my GP practice.*

Community Treatment and Care

- Another large component of the GP contract is the establishment of Community Treatment and Care (CTAC) services and transferring this function from GP Practices to HSCP.
- CTAC includes tasks formerly associated with health care assistants, practice nurses, treatment room nurses such as Phlebotomy, Wound dressing, suture removal.
- The CTAC nursing interventions have been extended to include the following: ECG, B12 Injections, Other Injectable, Inhaler Technique, DMARDs and Breath Tests.
- Over £1 million in South Ayrshire has been invested in this service which is now well established and able to meet patient needs.

Other teams aligned to GP Practices include:

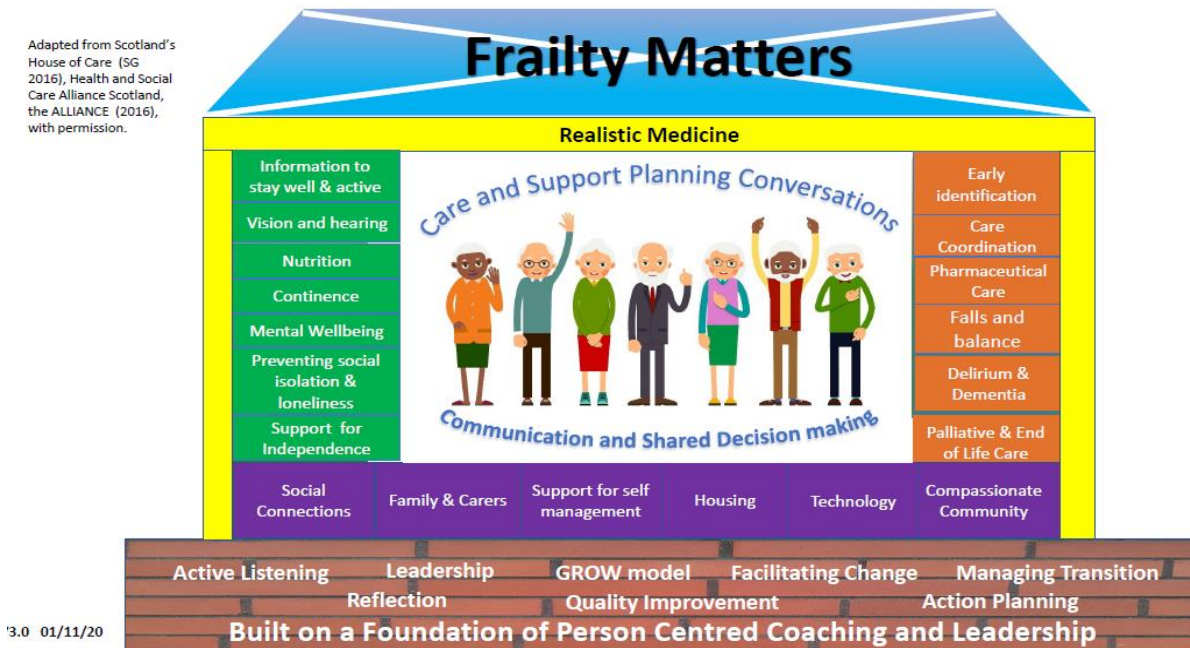
- District Nursing
- Social Work
- Allied Health Professionals
- Enhanced Intermediate Care

This alignment and link to Multi-Disciplinary working allows much better relationships and working practice to be developed with the 'Team around the Practice'.

Frailty work in GP Practices

There is also work ongoing to better support those who have increasing levels of frailty.

District Nurses were involved in a national Frailty Project which developed a 'framework' to consider those living with frailty – this is now a national resource:



There has also been pilot work on Frailty in Templehill Practice in Troon and learning from this 'early intervention' approach has been used to inform a second and more widely based phase to address frailty through an investment in OTs in GP Practices.

Community Pharmacy

Community Pharmacies increasingly provide much wider access to services to address a range of health conditions.

- Pharmacy First**
 This includes patient consultation, advice, treatment and referral and includes an approved list of prescribable treatments such as UTI, Impetigo, Shingles, Skin infections.
- Pharmacy First Plus**
 There are more conditions being developed and this is supported by a significant amount of Community Pharmacist Independent Prescribers and includes Common Clinical Conditions Clinics and a Community Pharmacy Pharmacotherapy Service.
- Medicines Care and Reviews**
 Community Pharmacists are increasingly improving efficiency in the system through supporting Serial Prescriptions and Medication Review.

- **Public Health**
Community Pharmacies are increasingly providing support for public health issues including sexual health, vaccination and smoking cessation
- **Unpaid Carers**
Community Pharmacies have been supported to be a point of contact for unpaid carers to direct them to local supports.



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. It is responsible for the strategic planning of all Mental Health in-patient services, Ayrshire Crisis Resolution Team, Learning Disability Assessment and Treatment Service, Child and Adolescent Mental Health Services, Psychology Services, Child Immunisation Team, and Community Infant Feeding Service.

[East Ayrshire Health and Social Care Partnership](#) is the lead partnership for Primary and Urgent Care Services. Lead responsibility relates to General Medical Services, Community Pharmacies, Community Optometry Practices, Dental practice, Public Dental Service. Primary and Ayrshire Urgent Care Services (AUCS). AUCS also provides a direct COVID-19 Clinical Pathway for patients seeking clinical advice when presenting with COVID-19 symptoms.

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.

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.		HCES – Health and Care Experience Survey result. This survey is carried out every two years with the last survey being conducted during early 2020. Due to various changes in the 2019/20 HACE survey wording, indicators 2, 3, 4, 5, 7 and 9 are no longer comparable to previous years.

OUTCOME 1: HEALTHIER LIVING

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

Looking after our own health

94% of adults surveyed reported that they were able to look after their health very well or quite well (HCES 2019/20).

Smoking

16.1% of adults in South Ayrshire smoke compared with 19% across Scotland (Source Scottish Health Survey 2018).

The national action plan, Raising Scotland's Tobacco-free Generation, was published in June 2018. The Tobacco Control Action Plan for Ayrshire (2018-21) was agreed by partners in September 2018 and is now being implemented. The focus of the plan is on cessation, prevention and protection. This plan will be overseen by the Ayrshire and Arran Tobacco Free Alliance.

Alcohol and Drugs

The 2019/20 alcohol-related admissions rate is 688 per 100,000 age-sex standardised population, which is a **21% decrease** overall since 2011/12. The Scotland wide rate is 673.

There were **298 drug-related hospital admissions per 100,000** age-sex standardised population in South Ayrshire for the most recent time period available.

The number of drug deaths per year has risen across Scotland. South Ayrshire figures **rose from 26 in 2019 to 31 in 2020**. Ayrshire and Arran had the second highest rate of drug deaths at 27.2 per 100,000 population compared with Scotland at 21.2.

The **Alcohol and Drugs Partnership (ADP)** reports to the Chief Officer's Group in relation to specific issues such as suspected drug related deaths. In line with the rest of Scotland South Ayrshire saw a rise in suspected drug related deaths.

In response to the lockdown the ADP established a weekly group to locate citizens who had lost contact from services and were perceived as high risk. This group was successful in locating more than 80 individuals and supporting reengagement. Alongside this the ADP worked with partners to ensure ongoing access to pharmacies for opiate replacement therapy, a critical risk management activity.

In terms of a longer-term strategic perspective the ADP is now six months into a learning review where we are looking at how we can be more impactful in our support.

Social Isolation and Loneliness Strategy 2018-2027

As highlighted in the last year's annual progress report, it was identified that a strategic co-ordinated approach was required to tackle social isolation and loneliness within South Ayrshire. A [Strategy and Implementation Plan](#) was developed by the South Ayrshire Social Isolation Subgroup informed by current literature and wide consultation with our local communities. This nine-year strategy will focus on older people, reflecting the LOIP priority, for the first three-year implementation plan.

Restrictions imposed to slow the spread of infection during the current Covid-19 pandemic have undoubtedly impacted on the social connections of those who were already experiencing isolation and loneliness. Additionally, some of those who were 'shielding', as well as the general population who were advised to 'stay at home' may now require support to reconnect now that restrictions are being eased. Indeed, it has been generally accepted that levels of loneliness will not return to pre-pandemic levels in the post-pandemic period.

The ongoing restrictions on face-to-face contact, particularly in groups, has meant that supporting digital connections for those who require devices, connectivity and skills has increased in importance. Voluntary Action South Ayrshire, mPower and South Ayrshire Council have supported, and built on, the local roll out of the Connecting Scotland Programme which aims to ensure that those who are digitally excluded are provided with support to get online. Included within the local development of this programme has been to ensure that social connections are considered. Voluntary Action South Ayrshire provide a free digital helpline for South Ayrshire residents which provides one-to-one support to those looking to get online.

CASE STUDY – HELP FROM DIGITAL HELPDESK

Mr S is a man in his late 70s that by his own admission is 'technologically challenged'. He has made the decision to enrol in the local college and desired to know how to use his desktop to enable him to engage with online classes and do his coursework. Mr S heard about the service through a friend who had used the Helpdesk. Mr S did not know how to navigate his desktop at all and became flustered easily in our first session when discussing accessing the internet or using 'Word'.

Over the course of several weeks, he has become more comfortable with the device and has been accessing the college website through it, as well as using 'Word' to take notes ahead of starting college regarding his chosen course. Mr S can now confidently join Zoom meetings, share his screen, navigate a Word document, and use his browser for research – including using YouTube. All these things are goals that when we first set them, he felt he would never be able to achieve and could certainly never do alone. He now does so regularly and is extremely excited about his upcoming college course.

Telephone Befriending is a service for those in the community of South Ayrshire who are suffering from social isolation, low mood or are lonely. After conversations with a potential client, the co-ordinator matches and facilitates initial interactions between the client and a vetted and trained volunteer, who will contact them by telephone once a week offering a friendly voice and often a listening ear. The chat will be about hobbies or 'days gone past' or simply the weather; it is a social call with a purpose to lift the client's mood and be upbeat where possible. This service has been operating since the start of the COVID pandemic. Many of those referred have moved on from the service for a variety of reasons.

Through monthly ongoing support calls, where needed, to all volunteers and clients, VASA proactively seek to signpost and aid clients in their journey when they are mentally stronger and more confident to do so. Even 18 months on from the start of the pandemic, the service is still seeing a steady stream of referrals. As is the nature of volunteering, many volunteers have also moved on or had a change in circumstances.

Currently there are 80 volunteers calling 120 clients weekly, in some cases twice a week. 173 matches have ended as clients move on from the service and 64 volunteers have also moved on as many have returned to work, returned to their social lives or had a change in circumstance.

CASE STUDY – TELEPHONE BEFRIENDING

Mr M is in his mid-50's and spent many years battling addiction to alcohol and drugs. Around 15 years ago, Mr M turned his life around and has been sober/clean ever since. During the pandemic, Mr M became anxious and isolated. He took early action and sought support for himself in the very early stages of lockdown in 2020. He was offered Telephone Befriending and was matched up with a local gentleman who phoned him several times a week. The phone calls made a huge difference to Mr M and he felt he had "someone to look forward to speaking to" every week.

Once restrictions began to lift, he felt he no longer needed to receive calls but instead requested to volunteer. He said, "If I can give back even a little of the help that I have received, then I'll know I have helped make a difference in someone's world." Mr M has since been supported through the application process including training and induction and is currently awaiting his first voluntary role.

OUTCOME 2: INDEPENDENT LIVING

People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home in a homely setting in their community.

Living independently

82% of adults supported at home who agreed that they are supported to live as independently as possible (HCES).

Supporting People with Dementia

Everybody newly diagnosed with dementia in South Ayrshire is offered a year of post-diagnostic support delivered by a professional with training appropriate to that person's needs (Community Psychiatric Nurse, Liaison Nurse, Occupational Therapist, or Learning Disabilities Nurse where this is more appropriate).

88.2% of people referred received 12 months dementia post-diagnostic support in South Ayrshire (2018/19p) compared with 75.1% across Scotland.

Hospital Care

- Bed days lost to delayed discharge decreased significantly from 29,458 to 16,459.
- Emergency admission rate declined from 16,826 to 15,112 per 100,000 population.
- Emergency bed day rate down from 161,359 to 139,852 per 100,000 population.
- Rate of Emergency readmission within 28 days increased from 118 to 125 per 1,000 discharges.
- 89% of people's last six months of life spent in a community setting.

Disabled Adaptations – Private Sector Housing

Total Grants and Loans	2017/18	2018/19	2019/20	2020/21
Total number of cases approved	162	190	128	tbc
Total amount spent	£624,423	£681,933	£490,077	tbc

CASE STUDY – SOUTH LODGE BEACH-THEMED GARDEN

A new beach themed garden has been opened at South Lodge Care home thanks to funding from the National Lottery.

Staff at South Lodge Care home applied for funding from the National Lottery to renovate their garden into a safe space for Residents to enjoy. The beach theme was



chosen by staff with features including an ice-cream stall, brightly painted benches and indoor beach huts for any rainy days.

Helen Brown, Service Manager said, “We are delighted to open this new garden space to our Residents. We hope the garden theme will help our Residence reminisce about good times at the seaside and provide a great new space for them and their families to enjoy.”

The garden also features an arbor which is being kindly donated by nearby Wallacetown Nursery. Members of staff from the nursery attended the garden’s opening to make their donation.

Helen added, “I would like to thank the Wallacetown Nursery, the National lottery and all those involved in the development of our new garden. We are delighted with how the idea has been brought to life.”

Julie Dettbarn, Chair of the Integration Joint Board who was in attendance at the opening added, “I was grateful to be part of this event, after a difficult year it is wonderful to see the joy this work will bring to the Residents and their families. The staff have done a wonderful job and the work really does show the community spirit which is here at South Lodge.”

Care at Home

We recognise the challenges the HSCP has faced in South Ayrshire in bringing delayed discharges down, but some very promising progress is now being made. This depends on both our in-house services – who received credit in their latest inspection, demonstrating a cycle of continued improvement – and our third and independent sector providers who we rely on to provide high quality support to our communities.

In order bring further improvements and allow the Partnership to achieve our goal of supporting people to live independently and at home in a homely setting in their community, we are developing a range of reforms and improvements to our Care at Home service. In particular have invested in a new reablement service, headed up by a designated clinical lead, in line with our commitment to the Caring for Ayrshire Transformational Change Programme, placing greater emphasis on care at home and support in the community, rather than within a hospital setting.

Our revised Reablement Service will facilitate the Partnership’s strategic objectives to prioritise prevention, reablement and anticipatory care, as well as supporting people to live independently and healthily in our local communities. This takes into consideration the pending demographic changes in South Ayrshire and across Scotland and supports older people and those with disabilities to improve their quality of life or regain their independence after illness or injury. We aspire to have 95% of people discharged from a hospital to proceed through Reablement before the next stage of their journey is decided.

Care Homes

Care homes saw a significant reduction in occupancy levels during the pandemic, due to an unfortunate level of deaths, occupancy levels were on average 12% less than pre-pandemic levels. This resulted in an underspend within our care home budget, due to

investment in the prior two years based on anticipated increase in demand further impacted by under occupancy levels. During the year the IJB approved investment of £0.590m to the reablement team from the care home budget, this investment is critical in continuing to reduce delayed discharges of care and optimising people's independence.

OUTCOME 3: POSITIVE EXPERIENCES AND OUTCOMES

People who use health and social care services have a positive experience of those services and have their dignity respected.

Experiences of health and social care services

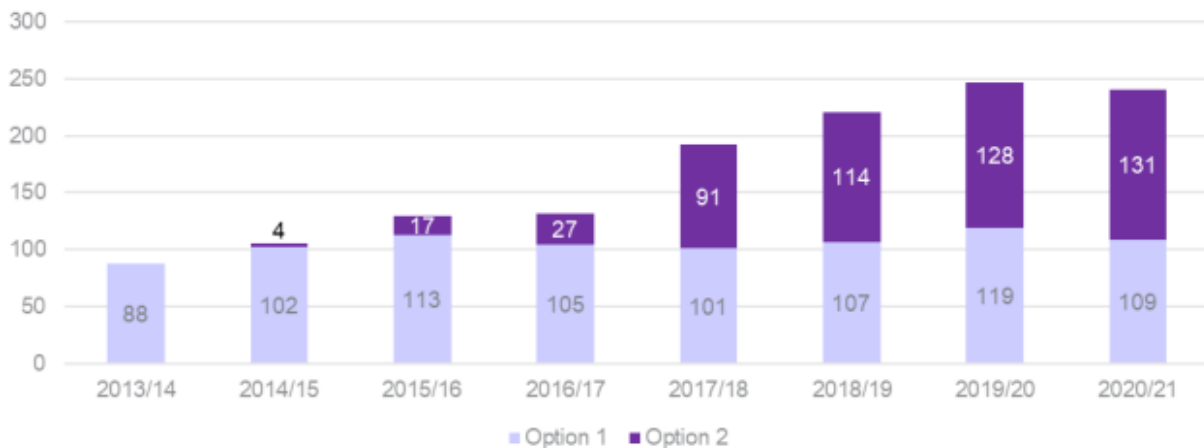
75% of South Ayrshire adults supported who agree that they have had a say in how their help, care or support was provided. This is the same as the national average of 75% (HCES).

81% of adults who receive any care or support rated it as excellent or good. This is higher than the national average of 80% (HCES).

86% of people reported positive experiences of the care provided by their GP practice. This is higher than the national average of 79% (HCES).

Self-Directed Support

The uptake of SDS Options 1 (Direct Payment) and 2 (Individual Service Fund) have increased from 88 in 2013/14 to 240 in 2020/21. Option 1 levels increased from 88 to 109 and Option 2 increase from 0 cases in 2013/14 to 131 in 2020/21.



Case Study – Choice and Control

During Covid restrictions, Miss K was unable to attend her group for people with physical disabilities and she became isolated and lacked motivation.

During a welfare check telephone call where her mood and motivation were discussed, her Social Worker encouraged her to be more innovative to take control of her situation by thinking of different ways to achieve her desired outcomes. She was then encouraged to consider the different options available. Miss K chose option 1, a direct payment to employ a personal assistant to support personal care tasks and help her with her rehab at home. Ayrshire Independent Living Network assisted Miss K with the practical aspects of her choice. Miss K was advised she could use the money which social work paid for her place

at the group she attended in a different way, which would allow her to meet her outcomes. Miss K's personal assistant could support her social needs and activities during this period, so her budget was then transferred on to her direct payment and the personal assistant hours increased. Miss K also applied for a one-off payment for a Wi-Fi enabled tablet so that she could interact with face-to-face video calls with her family and friends as well as others who attended her interest group. This has proven extremely effective, and Miss K is more positive, confident and enthusiastic about her life now.

OUTCOME 4: QUALITY OF LIFE

Health and social care services are centred on helping to maintain or improve the quality of life of service users.

Quality of Life

81% of adults supported at home agreed that their services and support had an impact in improving or maintaining their quality of life (HCES).

79% of care services were graded 'good' or better.

Case Study – VE Day 2020 Celebrations

People attending South Ayrshire's Day Services (Overmills and Nursery Court) started preparing for VE Day celebrations before the service had to close due to the pandemic. They had been busy making cards and bottle lamps. An event had been planned with the local primary school, but this had to be cancelled.

To mark the occasion, Overmills staff visited the homes of people using the service to have a toast. Nursery Court staff delivered a gift of a commemorative coin and tribute certificate. Service users were delighted with these tributes and recalled stories of VE Day. Service Users of Nursery Court Day Services also took part in a very moving tribute of 'We'll Meet Again.'



Biggart and Girvan Community Hospital

Along with the changes and adaptations that the Pandemic has brought to our NHS and Health and Social Care System it has also helped bring our teams and disciplines closer. It has given us all the change to update and change or practice enabling us to deliver higher quality care to our users. Our local Biggart Hospital has undergone an amazing face lift, modernising and updating our entrance and front reception area increasing our floor space and offering a bright engaging welcoming area.



We are fortunate enough to house the Parkinson Nurse Specialist Team. This team consists of a Geriatrician with an interest in Movement Disorders, the senior Parkinson Nurse and another Parkinson Nurse. The team cover all of Ayrshire and Arran and offer advice and support to all the residents of Ayrshire and all GP's. During the Pandemic the team were quick to adapt their practice and now offer Near Me/Attend Anywhere appointments for patients and their relatives, they have changed their telephone service to include and expand the options that were already in place and have also been maintaining where necessary and safe face to face appointments.

To allow University Hospital Ayr accommodation for Covid19 patients, colleagues from Station 16 at Ayr Hospital moved to Biggart. Whilst here they have become Station 16 / Buchanan Ward, this is our stroke rehabilitation unit. They are as a team enjoying the pleasures of a new purpose-built rehabilitation gym within the ward area allowing patients to have direct access to physiotherapy enabling them to have a quicker recovery.

The stroke rehabilitation team have been quick to settle into our hospital and over the summer the patients have enjoyed the extensive gardens and summer houses in our grounds. Our own MacMillan Ward has been able to create a wonderful comfort suite enabling patients and families to spend time together in their final days. The comfort suite also doubles as a therapy suite and can be used by any of the 3 of our trained complimentary therapy nursing assistants. This allows staff to spend that 1 on 1 time with patients delivering holistic therapies to patients to ease discomfort or anxiety.



Girvan Community Hospital Minor Injury Unit has remained opened throughout the pandemic with minor changes. The unit now offers a telephone triage system, and the patient will be directed to the appropriate treatment area. Our community has embraced this change well and in working with our colleagues has enabled the unit to continue to provide that vital service to the community.

For however long our restrictions last our staff will continue to strive to ensure that the service users and their relatives have a pleasant and positive experience within our hospitals. We actively encourage feedback both positive and negative and would welcome our user to use the Patient Opinion and Satisfaction service.

Case Study – Dementia Awareness Week 1-7 June 2020

Dementia Awareness Week is focused on raising awareness of dementia and making sure that people living with dementia in Scotland continue to have access to the support they need and deserve. Various creative and wellbeing activities took place at Hillcrest Care Home for Dementia Awareness Week. A beach theme party was held, and residents enjoyed music and movement with staff and reminisced about days down the beach. This was followed by ice cream cones. All residents and staff added to the theme by dressing up. The beach theme display was on show from the 'Rem Pods' (pop up reminiscing scenes that improve quality of life and relieves boredom and depression allowing interaction, improving mental wellbeing). Residents at South Lodge Care Home enjoyed a visit from Flynn, the friendly Dalmatian. Animal therapy is a great way for residents with dementia to be comforted.



OUTCOME 5: REDUCE HEALTH INEQUALITY

Health and social care services contribute to reducing health inequalities

Premature Mortality

The death rates for those aged under 75 rose from **428 in 2019 to 435 in 2020**. This is lower than the Scottish average of 457.

Life Expectancy

In the latest time-period available from 2017-2019 (3-year aggregate), the average life expectancy in South Ayrshire was **77.3 years old for men** and **81.6 years old for women**. This is higher than both the Ayrshire and Arran and Scotland wide life expectancies for females.

The table below provides the average life expectancy for men and women in different areas for the latest time period available. Please note that these are 3-year aggregates from 2017- 2019 at partnership, Health Board, and Scotland level.

	South HSCP	NHS A & A	Scotland
Females	81.6	80.5	81.1
Males	77.3	76.4	77.2

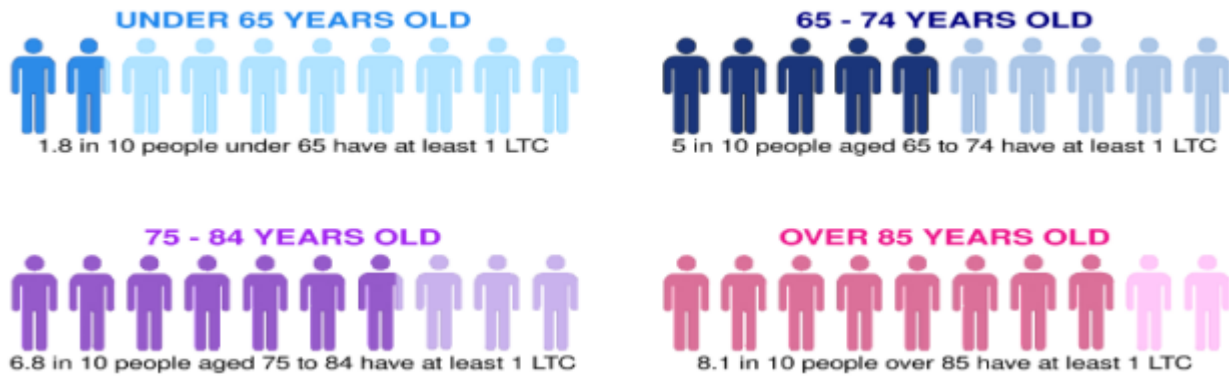
Life expectancy in South Ayrshire varies between each Locality with Ayr North having the lowest average expectancy for both males and females at 72.9 and 77.4 respectively compared to Troon which has the highest for Males at 79 and Prestwick which has the highest for females at 82.5.

As a Partnership we recognise the importance of prevention and early intervention approaches in improving opportunities and life chances for everyone in South Ayrshire. We believe that our prevention and early intervention approaches should be embedded across the life course, from pre-birth and parenting support to ensure our youngest children achieve their developmental milestones, to supporting our older population who may be socially isolated and turn to substances as coping mechanisms.

We believe that everyone has a role to play in prevention and helping to address the social causes of poor health and inequality. We are committed to working in partnership to reduce the gap in outcomes for individuals living in the most and least deprived areas within our communities.

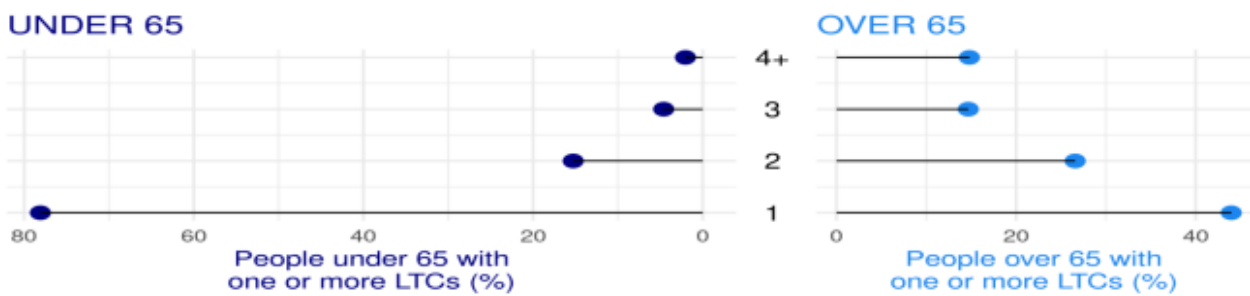
Long-term Physical Health Conditions and Multimorbidity

In the financial year 2019/20, in South Ayrshire HSCP, **30%** of the total population had at least one physical long-term condition (LTC). These include cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.

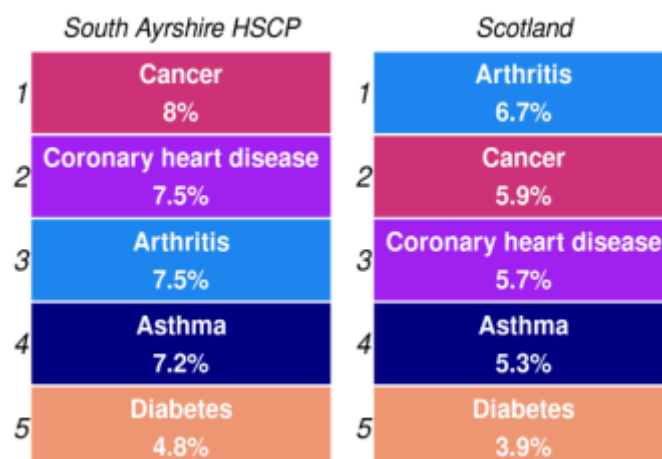


The co-occurrence of two or more conditions, known as multimorbidity, is broken down below distinguishing between age groups. Note that this chart excludes the population in the partnership who do not have any physical long-term conditions.

The figure below therefore shows that among the people who have a LTC, 23% of those under the age of 65 have more than one, compared to 57% of those aged over 65.



The figure below shows the prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).

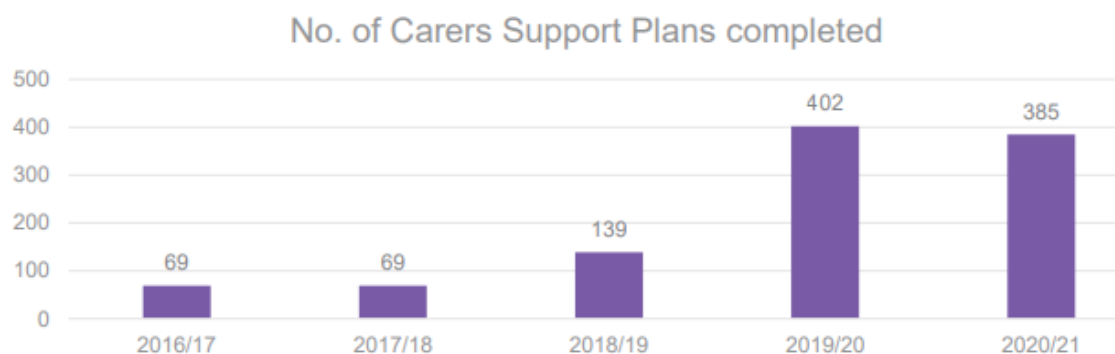


OUTCOME 6: CARERS ARE SUPPORTED

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

Carers Support Plans

There was a **4% decrease** in the number of Carers Support Plans/Assessments completed in 2019/20 compared with those completed in 2018/19: 139 in 2018/19 rising to 402 in 2019/20 and then slightly reducing to 385 in 2020/21.



Adult Carers Strategy 2019-2024

The [Adult Carers Strategy](#) has the following four Strategic Themes:

1. I am recognised and valued in my caring role.
2. I am supported in my caring role.
3. I am able to take a break from caring and look after my own health.
4. I am not defined by my caring role.

A summary of progress against each of the Strategic Themes is provided below.

1. I am recognised and valued in my caring role

A range of work has been developed to raise awareness of carers themselves as well as those who are in a position to support carers. Pathways within key settings, have been developed to allow identification of and provision of support to carers. Training for key members of staff to underpin this has been delivered including linking the work to Self-Directed Support (SDS) pathways. Information materials have been produced by the Partnership, South Ayrshire Carers Centre and others to ensure the wider population understand the importance of carers and the supports available to them. Within Localities and following from the previous successful work over 4-5 years in Prestwick, Carers are being celebrated and recognised through an annual Carers Day in Prestwick and another in Girvan. The Carers Reference Group continues to meet and to influence any decision-making through representation at Strategic Planning Advisory Group (SPAG) and Integration Joint Board (IJB) Committees.

2. I am supported in my caring role

Following the development of comprehensive pathways to identify carers and the increased use of Adult Carers Support Plans, there is greater potential for linking carers to wider supports as well as carers specific services. Other HSCP Strategies/Plans have support for Carers as integral (e.g., Learning Disability, Mental Health, Dementia, and Social Isolation). Key settings (such as within Hospitals) now have more explicit supports including an in-situ worker in Ayr Hospital. Carers are also supported through the South Ayrshire Connect sites (including the Better Health Hub at the Biggart). Guidance produced for operational HSCP teams, particularly Adult Social Work, (together with linked training) has increased the identification of carers and the numbers of Adult Carer Support Plans. Eligibility levels and guidance has been developed that ensures access to SDS related resources for those Carers with critical needs.

3. I am able to take a break from caring and look after my own health.

The Short Break statement was developed and published (and, now reviewed) and this sets out arrangements for accessing short breaks/respice. South Ayrshire Carers Centre continues to provide a range of supports for those registered including 1:1/group and telephone-based support, access to counselling and emotional support as well as providing other access to 'short breaks.' Other providers (e.g., South Ayrshire Dementia Support Association (SADSA), Alzheimer Scotland, and Ayrshire Hospice) continue to offer support in various forms for carers.

4. I am not defined by my caring role

Carers are now recognised in the Action Plan linked to our Social Isolation Strategy particularly older carers who may be isolated. A Carer Confident Employers programme has been established in Prestwick which is seeking to engage local employers and employers' organisations to raise awareness of carers, to identify opportunities for training and to identify interest in sign up to the Carer Positive Award.

OUTCOME 7: PEOPLE ARE SAFE

People who use health and social care services are safe from harm

Adult Support and Protection

There were **796 Adult Support and Protection Referrals** during 2020/21 which is a **decrease of 31%** from 1151 in 2019/20. Response rates to protection concerns (inquiries completed within 5 working days) have increased from 75% in 2019/20 to 88% in 2020/21.



Feeling Safe

85% of adults at home agree they felt safe which is higher than the national average of 83% (HCES).

Falls

The rate per 1,000 population of falls that occur in the population (aged 65 +) who were admitted as an emergency to hospital has decreased from 24.1 in 2018/19 to **22.8 in 2019/20** which is largely in line with the national average of 22.7.

Given the specific demographics within South Ayrshire of an older population with multi-morbidity, frailty and polypharmacy and high dependency ratio, reducing or maintaining the number of people attending with a fall, is challenging and requires continued focus.

Work is continuing to spread falls prevention work and reach more people by increasing opportunities for staff partners/ families to give early intervention advice and improving access to services that provide immediate assistance following a fall and improving access to services providing falls interventions for those at risk of falls.

Case Study – Invigor8

Invigor8 is a Falls Prevention Programme for people over the age of 60 providing 18 classes per week to reduce / prevent the incidence of falls. All classes have been re-established as COVID restrictions have allowed. The group sessions are fun and friendly and assist in reducing social isolation and loneliness. The 30 min social time after the classes has not been re-introduced due to Covid-19 restrictions.

Classes have a high attendance rate and still prove to be popular. Referral routes between NHS, health professionals, health and social care partners and the Health and Fitness team are established and embedded into the programme. A self-referral route has also been established.

“Really enjoyed the class today felt as if my balance is improving, I felt great after the class and not tired at all. A few muscles felt they’d had a good workout and since the class I have had much more energy every day, I’ve been doing lots more and no fatigue, so it has made a difference already.” *Invigor8 Class Participant.*

Healthy and Active Rehabilitation Programme (HARP)

HARP is for people with medical history which includes stroke, cancer, cardiac, pulmonary or diabetes. Ten exercise classes are available across South Ayrshire along with gym or swimming sessions. Participants returned to classes after Covid restrictions were reduced and are well attended. People are referred to HARP and referral routes between GP's, NHS and the Health Team are established.

Case Study – Weigh to Go

Weigh to Go is a national adult healthy weight and diabetes prevention programme. The 12-week exercise and information sessions are delivered virtually via zoom and due to reduced Covid restrictions are available within facilities and community halls. Attendance rates and weight loss are positive.

“I'd like to say a very big thank you to Adrian and Alison for leading me through the Weigh 2 Go course. Even though it was on Zoom, you made every session very interactive and interesting. It certainly reinforced what I knew and added to gaps in my knowledge. Some great tips too! But most of all, you encouraged me at every turn, pointing out that it is not always a "straight path" and helping me realise that a "bump in the road" is not failure. You gave me confidence to continue when things weren't going well health-wise; this stopped me from "throwing in the towel". I came close. The exercise classes were great allowing me to go at my pace without feeling bad about it. You gave me alternatives. There's nothing worse for me, than seeing everyone jumping around with ease and I'm not able to keep up, you ensured that didn't happen for me. Thank you!” *Weigh to Go Participant*

Outcome 8: Engaged Workforce

People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

Staff Survey

The Pulse Survey took place in September 2020. The local response rate was 51%. HSCP staff scored their overall experience of the organisation as 6.92 out of 10 which is slightly higher than the national figure of 6.8.

Staff identified colleagues, family and their manager as supporting their well-being over the previous 6 months. Concerns were identified around the lack of face-to-face contact, care for vulnerable people in the community, non-urgent cases not being referred and people not coming forward for treatment.

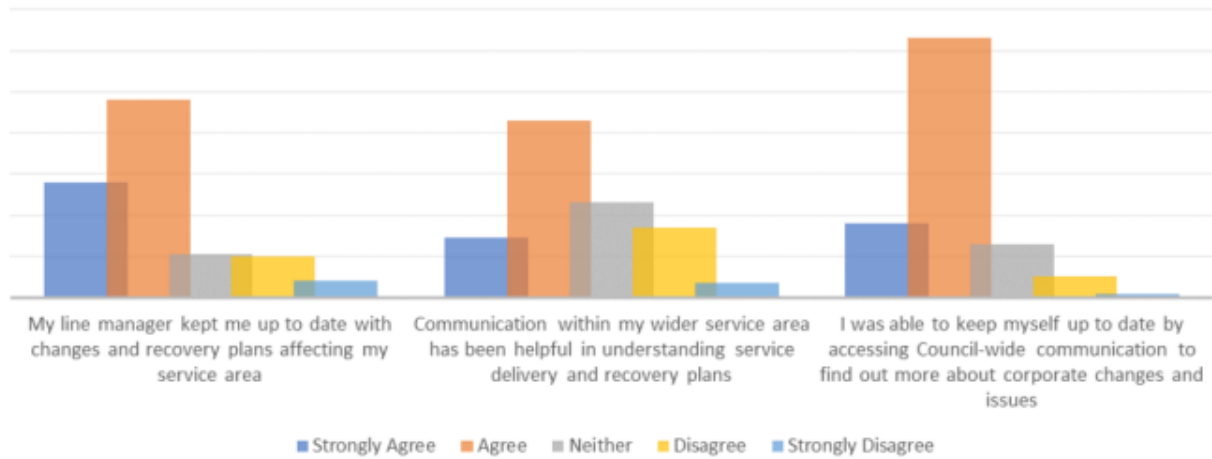
Respondents also highlighted the challenges of working from home which included the lack of space and quiet areas, loneliness and isolation, IT challenges and caring responsibilities.

South Ayrshire Council carried out a staff survey in 2020 focusing on Recovery. There were 256 responses from HSCP staff. The survey found there was a high positivity rating for general health and wellbeing and for ability to access health and wellbeing resources.



In terms of communications with staff, there was a high positivity rating for line manager updates regards changes and recovery and a medium-high positivity rating for service area updates.

Communication



Staff wellbeing

During the pandemic, Staff Wellness Suites were established at four locations across South Ayrshire for all Partnership staff and Care Home and Care at Home partners to access. The suites were set up to offer somewhere for staff to come to have time out, for relaxation, mindfulness or distraction. Ideally, staff would use the suites out with allocated break times and enjoy the calming music, environment and various items dotted around to help with distracting/relaxing themselves. Tea, coffee, water and biscuits were also provided. The suites were staffed for short periods during the week.

In May 2020, South Lodge Care Home developed a staff wellbeing room which enabled staff to have quality time out and relax. The room has a wellbeing tree for staff to write their thoughts and feelings.



Qualifying the workforce

Working in partnership with colleagues in East and North Ayrshire HSCPs has enabled the sharing of resources and the joint planning of learning opportunities.

Course Title	Number of attendees
MAPPA	24
Medication	54
Food Hygiene	42
Skilled Dementia	24
Managing Difficult Epilepsy	12

There is a requirement for staff in particular services to be registered with the Scottish Social Services Council (SSSC). There are currently 41 people in the Partnership undertaking SVQ courses of study – 6 people are undertaking SVQ Level 4, 8 people are undertaking SVQ Level 3, and 27 people are undertaking SVQ Level 2.

Practice Teaching

South Ayrshire Health and Social Care Partnership has continued to facilitate its practice learning programme whilst managing to navigate the challenges that the COVID-19 pandemic has presented. Following suspension of placements in March 2020, the Partnership has continued to work in partnership with the Learning Network West and Universities to meet its full allocation of social work students. This was achieved through the commitment and creativity of South Ayrshire's Practice Teachers and Link Worker who worked hard to navigate the restrictions that were in place maximising learning opportunities.

A key challenge was the considerable regional shortfall in practice learning opportunities across the West of Scotland. In response to this, the Scottish Social Services Council introduced temporary contingency arrangements which included the design and delivery of an Advanced Skills Module. The overarching aim of the ASWS module is to provide students with an immersive, intensive learning experience, designed to support students to consolidate and develop advanced skills needed to practise safely and effectively in social work, particularly in the backdrop of a global pandemic. The Partnership worked closely with the University of the West of Scotland in the design and delivery of this module including the delivery of workshops to 80 students and the development of case study materials to support learning. The Partnership has continued to contribute at a national level and has been active in supporting the work of the Social Work Education Partnership working on future proofing practice learning opportunities.

Practice Teaching staffing numbers in South Ayrshire remain healthy with good uptake on the Professional Development Award in Practice Learning although this will need to be maintained and promoted to maximise capacity for student opportunities across all services.

OUTCOME 2: EFFECTIVE RESOURCE USE

Resources are used effectively in the provision of health and social care services without waste.

72.4% of adults supported at home agreed that their health and care services seemed to be well coordinated. This is lower than the national average of 74% across Scotland (HCES).

25% of health and care resource in South Ayrshire in 2020 was spent on hospital stays where the patient was admitted as an emergency. This is higher than the national average of 21%.

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 Strategic Group for Health and Community Care (MSG) has proposed the following measures to track performance in Integration Authorities:

1. **Unplanned Admissions (Emergency Admissions)**
2. **Accident and Emergency Performance (Emergency Department Attendances)**
3. **Unplanned Bed Days (Emergency Bed Days for Acute, Geriatric Long Stay and Mental Health)**
4. **Delayed Discharges (All Delayed Discharges and Code 9 Delayed Discharges)**
5. **End of life care**
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 South Ayrshire Partnership chose 2015/16 as the baseline year for all indicators apart from delayed discharges, where the baseline year is 2016/17.

Updated trajectories for 2019/20 were submitted in January 2019 and this year included a split by age for under 18's and 18 plus. The tables below show the South Ayrshire actual performance against the trajectories submitted for 2019/20.

South Ayrshire Progress Against MSG Indicators 2020/21 (Aged Under 18) (PHS July 2021 Release)

NO.	MEASURE	OBJECTIVE FOR 2020/21	ACTUAL PERFORMANCE	OBJECTIVE STATUS
1	Unplanned Admissions	2% decrease	46% decrease	✓
2	ED Attendance	Reduce growth to 3%	44.4 % decrease	✓
3	Unplanned Bed Days (Acute)	Maintain at 0%	18% decrease	✓
4	Emergency Bed Days (Mental Health)	62% decrease	82.4% decrease	✓

South Ayrshire Progress Against MSG Indicators 2020/21 (Aged Over 18) (PHS July 2021 Release)

NO.	MEASURE	OBJECTIVE FOR 2020/21	ACTUAL PERFORMANCE	OBJECTIVE STATUS
1	Unplanned Admissions	Reduce growth to 10%	8% decrease	✓
2	ED Attendance	10% decrease	36.4% decrease	✓
3.1	Unplanned Bed Days (Acute)	1% decrease	15.8% decrease	✓
3.2	Emergency Bed Days (Mental Health)	19% decrease	54.3% decrease	✓

NO.	MEASURE	OBJECTIVE FOR 2020/21	ACTUAL PERFORMANCE	OBJECTIVE STATUS
3.3	Emergency Bed Days (Geriatric Long Stay)	60% decrease	34% decrease	X
4	Delayed Discharges (All)	Reduce growth to 25%	12.6% increase	X
5	End of Life Care - % of last 6 months of life in community	Increase by 1 percentage point	Increase of 1.4 percentage points (p)	✓
6	Balance of spend across institutional and community services	Maintain		

1.	UNPLANNED ADMISSIONS 2020/21 (UNDER 18'S)	UNPLANNED ADMISSIONS 2020/21 (18 PLUS)
ACTUAL	1,095	13,322
TARGET	1,987	15,927

2.	ED ATTENDANCE 2020/21 (UNDER 18'S)	ED ATTENDANCE 2020/21 (18 PLUS)
ACTUAL	4,197	20,031
TARGET	7,778	28,328

3.1	UNPLANNED BED DAYS (ACUTE) 2020/21 (UNDER 18'S)	UNPLANNED BED DAYS (ACUTE) 2020/21 (18 PLUS)
ACTUAL	1,551	101,441
TARGET	1,891	119,328

3.2	UNPLANNED BED DAYS (MENTAL HEALTH) 2020/21 (UNDER 18'S)	UNPLANNED BED DAYS (MENTAL HEALTH) 2020/21 (18 PLUS)
ACTUAL	140	15,871
TARGET	302	34,719

3.3	UNPLANNED BED DAYS (GLS) 2020/21 (18 PLUS)
ACTUAL	6,475
TARGET	4,362

4.	DELAYED DISCHARGE (ALL) 2020/21 (18 PLUS)
ACTUAL	16,459
TARGET	23,533

5.	END OF LIFE CARE 2020/21 (18 PLUS)
ACTUAL	87.9% (Provisional)

5.	END OF LIFE CARE 2020/21 (18 PLUS)
TARGET	87.5%

6.	BALANCE OF SPEND 2020/21 (18 PLUS)
ACTUAL	tbc
TARGET	95.1%

Children's Outcomes

OUTCOME 1: Our children have the best possible start in life.

Breastfeeding

In the latest time-period available from 2017/18-2019/20 (3-year financial aggregate), the percentage of babies exclusively breastfed at 6-8 weeks in South Ayrshire was **22%**. This is higher than Ayrshire and Arran (19%) for the same period but lower than Scotland as a whole at 31%.



During 2020/21 Breastfeeding Network Ayrshire and Arran ran breastfeeding workshops where mums were invited to bring their own and join the team for a char with volunteers and other mums. They also offered support via email and Facebook.

Smoking in Pregnancy

Good working relationships continue between the specialist service and all aspect of maternity. All midwives have a carbon monoxide monitor and take a reading at first appointment. If the level is above the expected levels the pregnant woman is referred to the Quit Your Way service. One to one support is delivered locally in various venues or telephone support can be provided. If women have not engaged with the service, they can be re-referred by the midwife at next appointment. Exposure to second-hand smoke is also discussed by midwife.

27-30 Month Review

From 2018/19 to 2019/20, the overall percentage of those reaching the developmental milestones at the time of their 27–30-month review has reduced slightly from 82.9% to **82.7%**. The overall number of reviews has decreased and the number of those reaching milestones has fallen from 804 in 2018/19 to 725 in 2019/20. South Ayrshire performance is higher than both the national and Ayrshire and Arran level.

Speech, Language and Communication (SLC) is the domain where the least number of children are reaching their milestones and this area has shown a decrease over the past two years. This pattern is evident across Scotland with SLC being the lowest area where children are reaching milestones nationally. Outcome data is currently available from reviews undertaken at 11-24 days, 6-8 weeks, 13 to 15 months and 27 months. This has led to increased contact with families which has enabled early intervention approaches to be used. The introduction of the 13-to-15-month review should enable staff to identify concerns earlier and enable strategies to be put into place to ensure more children reach their developmental milestones by 27 months. Further improvement work targeted at specified localities including areas of deprivation is currently being planned by the Health Visiting.

Healthy Weight in Primary 1

The percentage of children with a healthy weight in P1 continues to be above the national level and has increased from 78.2% in 2018/19 to **80.8% in 2019/20** in South Ayrshire. The national figure across Scotland was 76.3% in 2019/20. For children the JumpStart Choices programme continues to be delivered across South Ayrshire to children as part of a school based healthy living programme.

Dental Health



The oral health of children in South Ayrshire has improved in recent years. In 2019, **86.3%** of children in Primary 7 presented with no obvious decay in permanent teeth compared with 79% across Ayrshire and 80% across Scotland.

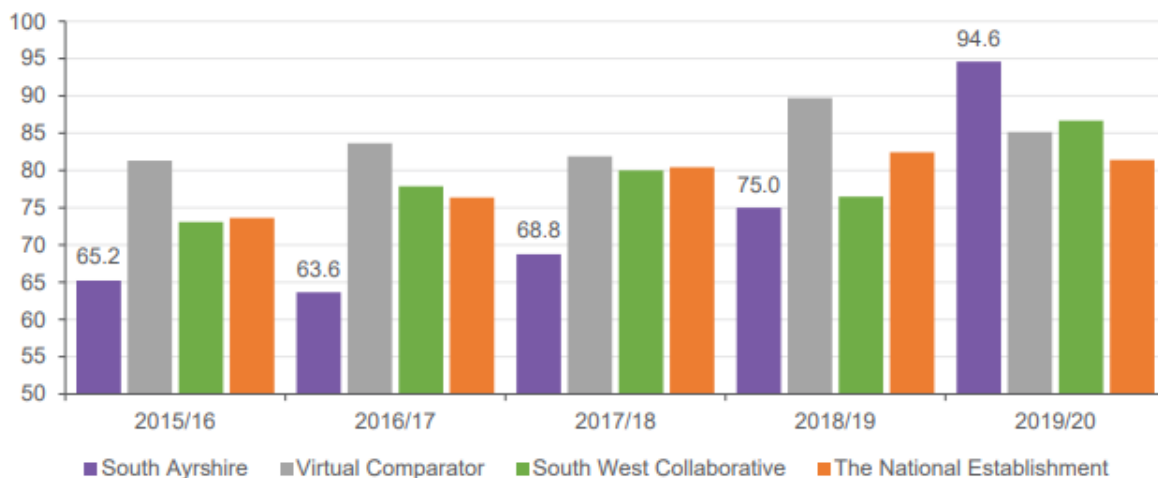
The ChildSmile Team is working with service providers in South Ayrshire to introduce a local programme of activity which will support the national / core components of their work plan for 2020/23.

OUTCOME 2: Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

Positive destinations for care experienced young people

The number of young people who are looked after at home or away from home moving to positive destinations has improved significantly following a targeted approach of support. **98.4%** of all young people moved to a positive destination compared to 94.5% in this cohort. This is an increase from 75% in 2018/19. It should be noted that this measure is subject to fluctuation due to small numbers.

Positive destinations - Looked after (at home or away)



Outcome 3: We have improved the life chances for children, young people and families at risk.

Child Protection

Children are placed on the Child Protection Register when there are significant concerns for their safety. Children on the register will be the subject of close monitoring and support with a multi-agency plan to effect changes to reduce risk.



If the risks to the child cannot be managed with them remaining at home, alternative care arrangements are considered. Once it is assessed that the level of risk has reduced sufficiently, the child's name will be removed from the Register.

On 31st July 2020, in South Ayrshire, there were a total of **29 children** from 21 family groups on the Child Protection Register. This is a decrease from 31st July 2019 when 37 children were on the Child Protection Register from 23 family groups.

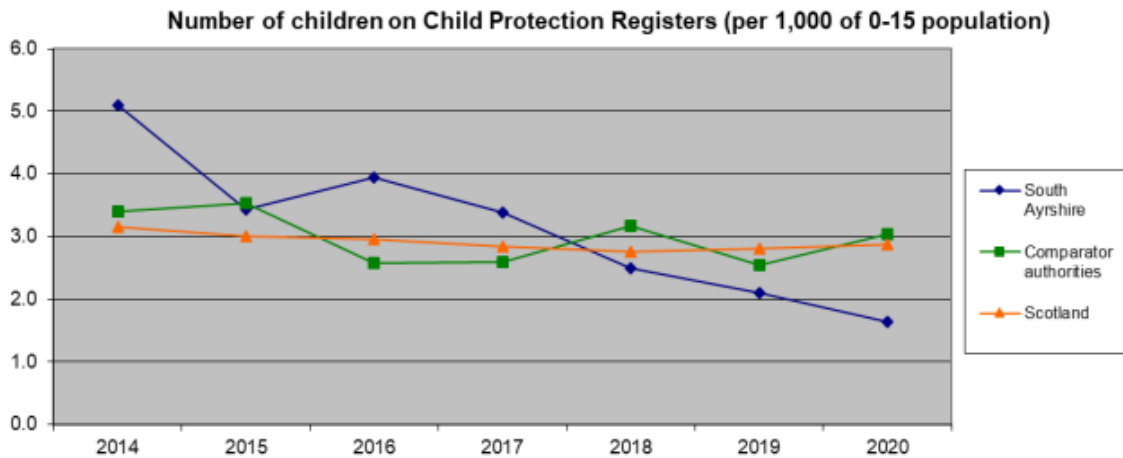
At 31 July 2020, the main area of concern was Emotional Abuse followed by Parental Drug Misuse and then Parental Mental Health Problems.

As at 31 July 2020, there were **3 unborn babies** on the Child Protection Register. This is an increase from the same date in 2019 when 1 unborn baby was on the Child Protection Register. At 31 July 2020, there were 5 children under 1 on the Child Protection Register. This is a reduction from the same date in 2019 when 15 children under 1 were on the Child Protection Register.

Children on Child Protection Register: Rate per 1,000 of 0 to 15 population

	2015	2016	2017	2018	2019	2020
South Ayrshire	3.4	3.9	3.4	2.5	2.1	1.6
Scotland	3.0	3.0	2.9	2.8	2.8	2.9

The number of children on the child protection register in South Ayrshire decreased by 21.6% from 2019 to 2020. The comparator authorities show an increase of 19.4% while Scotland figures show an increase of 2.9%. The rate per 1000 population in South Ayrshire was 1.6. This is less than the comparator average rate of 3 and less than the Scotland average rate of 2.9.



A High-Risk Pregnancy Protocol has been implemented across South Ayrshire. Following assessment by a Safeguarding midwife, a multiagency forum ensures a proportionate level of support is provided to families. Safeguarding midwives undertake a pre-birth assessment for families of unborn children where pregnancy is identified as high risk. A screening group is established between health and social care.

Where it is identified that child protection support is not required pre-birth, a process has been developed where the Health Visitor and midwives are notified and provide support. Further work is required to ensure robustness of this process and to evaluate effectiveness.

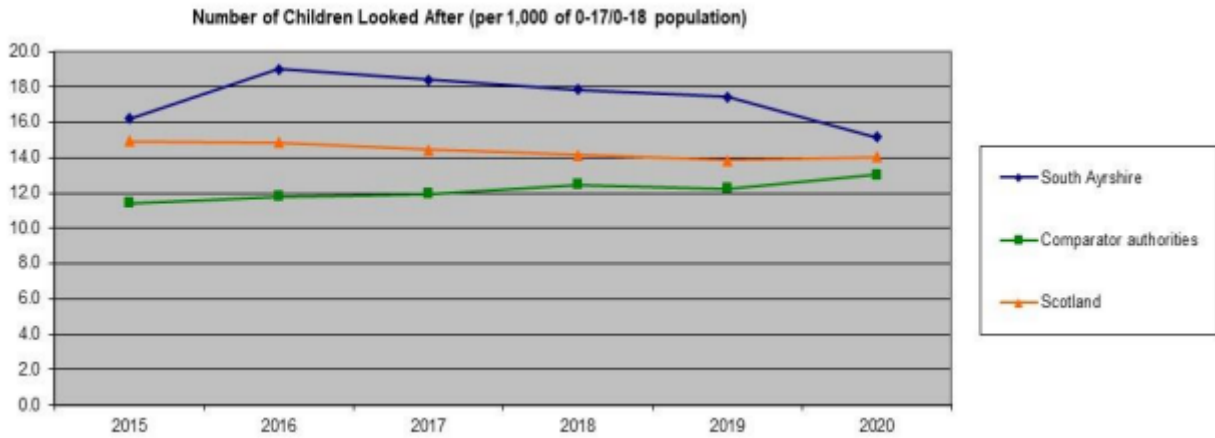
Pre-birth referrals increased from 13 in Quarter 4 2019/2020 to 16 in Quarter 1 2020/2021. 88% (14 out of 16) of high-risk pregnancy initial risk assessments were completed by target time during Q1 2020/21. This represents an increase from the previous quarter of 77%. The percentage of high-risk pregnancy case conferences held by week 28 of pregnancy or within 21 days of notification improved significantly during 2019/20 from 12% to 64%.

Children in Care

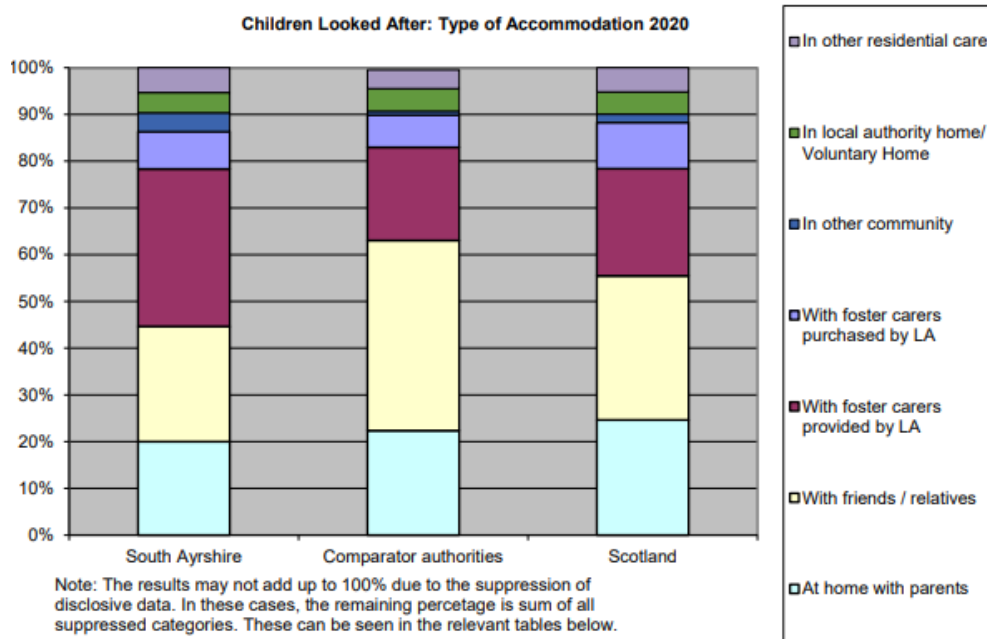
At 31 July 2020 there were **300** children and young people looked after by South Ayrshire a decrease of 13% from 345 in 2019.

	2015	2016	2017	2018	2019	2020
No. of looked after children in South Ayrshire	330	384	370	355	345	300

The chart below shows the trends in Children Looked After in South Ayrshire compared to Scotland and the Family Group. The comparator authorities show an increase of 6.4%, while the Scotland figure shows an increase of 1.4%. The rate (per 1,000 pop 0-17) is 15.2. This is greater than the comparator average rate of 13, and greater than the Scottish average of 14.



At 31st July 2020, the majority of children (**91%**) are being looked after in the community either at home with their parents, with friends/relatives or with foster carers. 9% of children looked after are in residential accommodation. 90% of children looked after across Scotland were being looked after on the Community and 91% across the comparator authorities.



Case Study - Support for Stuart from the Young Person's Support and Transitions Team

Stuart is a 20-year-old young man who loves life and has positive dreams and aspirations. Stuart has been cared for by his foster carers since 2006. Stuart is currently studying a MSc Sports Coaching and Sports Development and lives in university accommodation during term-time. Stuart's life goal is to join the armed forces. Stuart receives financial support from the Local Authority for his student accommodation and out with term-time he returns to his foster carer as part of his continuing care agreement. Stuart has continued to receive ongoing support, guidance and advice from the Young Person's Support and

Transitions Team. He is actively involved in reviewing and updating his My Future/My Plan. Stuart has been encouraged to seek part-time employment to supplement his income and to build on and develop his experiences. Stuart is also keen to start living independently without relying on his carers although he knows they will be available for support. Stuart is hoping to start driving lessons soon to enable him to travel and widen his search for jobs and to be able to return to Ayrshire to visit birth family more often.

Child Poverty

South Ayrshire's rate of child poverty After Housing Costs (AHC), **24.4%**, is the **10th highest** of all Scottish local authority areas. This is a small improvement on the previous 2015 rate when it was estimated 25.74% children in poverty AHC, the 8th highest rate in Scotland.

In recognition of the fact that South Ayrshire had the 8th highest child poverty level in Scotland (2015), the Community Planning Partnership developed a Child Poverty Action Plan. The Partnership implemented one of their identified actions which was to develop a financial inclusion pathway to support families in need. Families are easily and quickly referred to the Information and Advice Hub for the support they need.

Champions for Change Champions Board

Since April 2020, a range of activities have taken place all of which increase participation and engagement between care experienced young people and their corporate parents including Life Changes Trust national network activity.

In addition, the Champions Board are represented on various strategic groups including the Child Protection Committee, Communities Reference Group, the Inter-Generational Joint Action Group and Child Poverty sub-group and young people are supported to participate in these groups.

Participation Activity continued throughout lockdown via virtual groups and activity. This included:

- a 2-week summer programme
- the distribution of 55 craft packs followed by 150 summer packs
- 200 Tamfest packs (in partnership with SAC Culture Services)



Corporate parents have been encouraged to join in all of this activity to show their commitment to staying connected with our young people and many have provided us with 'stay at home selfies', Bake Off offerings and footage of their virtual picnics.

Social media has played a huge role in how the Champions Board has encouraged participation and maintained relationships. The Champions Board have relied on platforms such as Facebook, YouTube, Instagram and TikTok as well as South Ayrshire and South Ayrshire Health and Social Care Partnership communications services.

A successful and well attended Champions Board is running within Belmont Academy. Preliminary inputs have been made to all year groups in Girvan. Work to roll out this model to other secondary schools will be progressed once public health restrictions are eased.

Children's Houses

Working with our colleagues in Housing Services, the Health and Social Care Partnership (HSCP) are working to improve the experiences for children moving from our Children's Houses and making the transition to independence. Our extended family model seeks to maintain key relationships and the nurturing connection allowing young people access to practical and emotional support when required. The HSCP are working to create more supported living spaces while maintaining the nurturing relationship. The Care Experienced Employability Team and the Virtual School Welfare Officers continue to provide support the young people in the Children's Houses.

Throughcare and Continuing Care

In partnership with Housing Services, the Health and Social Care Partnership has been involved in the development of a joint commissioning strategy to develop a new service to meet the needs of young people leaving care and vulnerable young people who find themselves homeless or at risk of homelessness. This strategy builds on existing good multi-agency practice to improve outcomes for care leavers and vulnerable young people. The strategy has been shaped and informed by the views and experiences of young people who have left care and young people who have experienced homelessness and the social issues that then impact on them.

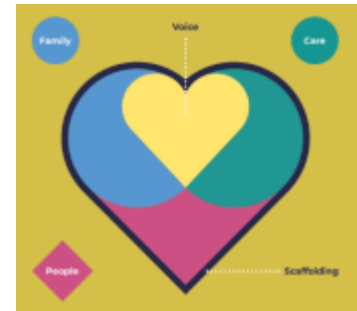
Functional Family Therapy and Intensive Family Support

South Ayrshire has invested further in supporting children to remain at home with specialist support services which support families at a time of crisis. The Intensive Family Support Service and the Functional Family Therapy (FFT) team are two examples of this. These services engage with families at a point of crisis when the likelihood of escalation through the care system is moderate to high. Through direct evidence-based interventions which are family-centred and relational, the teams are able to support families to live together, through times of stress and dysfunction towards a more supportive and nurturing family experience.

Out of the 24 families referred to the Functional Family Therapy team, 79% engaged and completed the programme. Of those who completed the programme, 90% remained at home at the completion of the programme and 88% of those still remain. 90% of young people have remained within their mainstream local school.

The Promise

South Ayrshire are committed to implementing findings from the Independent Care Review in The Promise. There are 55 local calls to action identified for South Ayrshire under the foundations of The Promise. Briefings delivered in partnership with young people on The Promise have taken place with Elected Members, the Community Planning Partnership, the Integration Joint Board, South Ayrshire Council Corporate Leadership Team and other service areas.



The Promise self-evaluation framework has been developed and tested by many services including Children and Families Social Work, Education, Health, Justice Social Work, Community Learning and Development, Employability and Skills, Housing, Police Scotland, VASA and commissioned voluntary sector organisations. The self-evaluation framework is being taken forward by the Joint Improvement Group to identify actions which will then be included in our new Corporate Parenting Plan.

Over the past year, the Corporate Parenting Writing Group has been developing a new Corporate Parenting Plan ensuring The Promise is embedded throughout. The new Plan will be published in the summer of 2021.

Secure Care Standards

There has been no South Ayrshire young people in secure care since June 2019. This is a trend that South Ayrshire are committed to continuing. The new Secure Care Standards detail what young people should expect before, during and after their experience of Secure Care. This will be shared with all social work staff as part of the wider work of implementing the recommendations of The Promise. Secure care is a key part of The Promise and any local recommendations will be included in the new Corporate Parenting Plan.

Signs of Safety

Children's Health, Care and Justice services is implementing the Signs of Safety approach as its practice model. Signs of Safety draws on solution-focused therapy and the direct experience of effective practice by child protection social workers and the experiences of families within the child protection system.

The Signs of Safety approach empowers and enables families to make the necessary behavioural changes to live together safely. It is a strengths-based approach and works with family's assets to support change, reducing the need for more significant intervention from statutory agencies. This places relationships between social workers and parents at the centre of child protection. An anticipated outcome of this approach is that there will be a reduction in the need for children to enter the care system.

Financial Inclusion Pathway

A Financial Inclusion Pathway has been developed and circulated to all health and social care staff. Health and social care staff discuss support families to maximise their income by referring them to South Ayrshire's Information and Advice Hub. Support can also be provided from Home Energy Scotland to support families to reduce their energy costs.

The number of families referred directly to the Information and Advice Hub by HSCP and NHS staff between 1st April 2020 and 31st March 2021 was **357**. The total verified income generated in benefit uptake for these families was **£1,109,400**.

Team	Number of referrals	Total Income Generated
HSCP – Health Visiting Team	29	£93,321.00
HSCP – School/LAAC Nursing Team	9	£23,856.00
HSCP – Children and Families Social Work	98	£241,198.00
HSCP – Justice Team	15	£54,678.00
HSCP – Mental Health Team	52	£168,598.00
Community Links Practitioners	102	£348,564.00
NHS Community Children's Nurses	10	£39,653.00
NHS - Other	42	£139,532.00

In 2020-2021, **3,197** households in South Ayrshire were given advice from Home Energy Scotland. This resulted in 815 Energy Efficiency referrals and 142 referrals to HEEPS Warmer Homes Scotland. The annual financial savings from the Advice Centre Activity was £86,319. Referrals to Home Energy Scotland from South Ayrshire Council staff resulted in £127 average savings per household.

Supporting Young Carers

In January 2021, a series of staff briefings took place across the partnership involving staff within health, education and social work to raise awareness of Young Carer's and formally launch the local Young Carer's guidance, alongside our Young Carer's statement. This was the outcome of an extremely successful working group who regularly collaborated with services and outside agencies to support the production of South Ayrshire's Young Carers guidance. This was in line with raising practitioner awareness and understanding of Young Carer's, as well as how to support them effectively.

Alongside this, infrastructure has been developed to help in the recording of young carers and ensure local data is being routinely collated and scrutinised as to effective and early identification to ensure young people have the support they need.

Undoubtedly the momentum of our Young Carer's action plan has been impacted on by COVID-19 in respect of young people being less visible through lockdown restrictions and school closures. Nevertheless, the partnership remains committed to the strategic plan and the continued development of services to our young people most in need, at the earliest stage possible.

Young Carers identified in the South Ayrshire are as follows:

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Primary	1	3	25	32	24	20
Secondary	4	6	51	73	86	93

These figures are indicative of young people who have identified themselves as young carers and circumstances under which information has been disclosed will vary. As it is not a mandatory item supplied by parents/social work figures are likely to be lower than the true figure for any given year.

The [Young Carers Strategy 2021 – 2026](#) sets out our local response to the statutory duties (responsibilities) of the Carers (Scotland) Act 2016 - which is a law that says what support must be given to carers, including young carers.

In this Strategy we explain what it means to be a young carer and outline our plans to raise awareness, recognise and support young carers over the next five years. We will show how we will maintain our progress and make improvements in areas where changes need to be made.

Our approach to supporting young carers is aligned to the Getting it Right for Every Child (GIRFEC) framework, which promote and protect young people's health and wellbeing.

As a working document it will be important that young carers are fully involved in the implementation of this Strategy. Progress will be monitored and reported and the Strategy will be reviewed regularly during its lifetime.

The [young carers website](#) has been refreshed and provides a range of information including what a young carer may help someone with, information on the young carers statement and where to access support.

Justice Outcomes

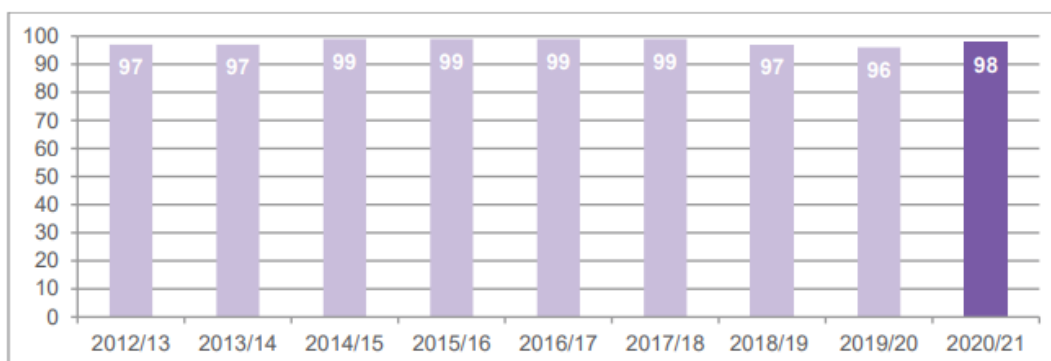
The National Outcomes for Justice Services are the Scottish Government’s high-level statements which aim to gain and sustain the public’s confidence in the work of Justice related services through promoting the values of safety, justice, and social inclusion.

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.

OUTCOME 1: Community Safety and Public Protection

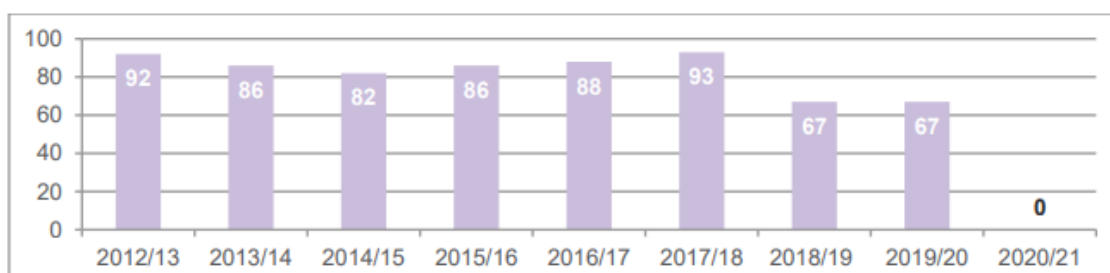
% of Criminal Justice Social Work Reports submitted to court by due date.



In 2020/21, **98%** of Criminal Justice Social Work Reports were submitted to court by their due date which is an increase on the previous year’s performance of 96%. The reports which were not submitted by 12 noon on their due date were lodged on the afternoon of the due date.

OUTCOME 2: Reduction of Reoffending

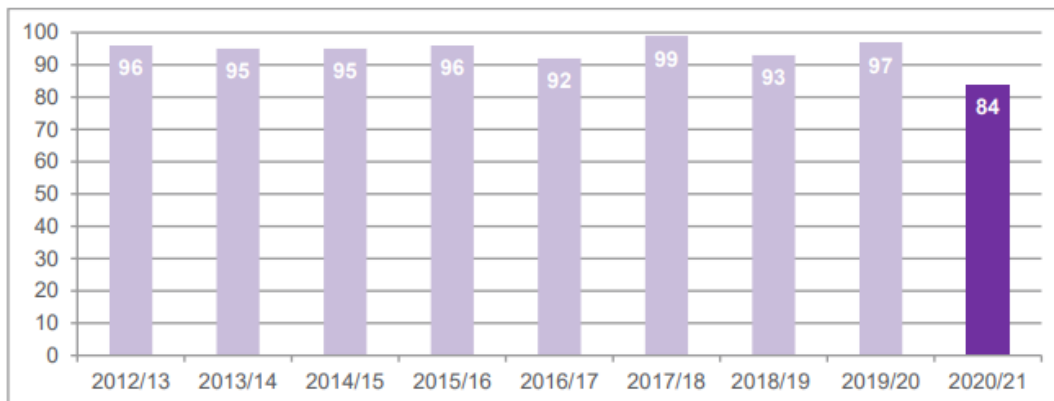
% of those placed on Community Payback Orders with a requirement of unpaid work starting within one week.



In 2020/21, **0%** of individuals placed on a Community Payback Order with a requirement of unpaid work attended their first work appointment within 7 days of their court appearance due to COVID restrictions.

OUTCOME 3: Social Inclusion to Support Desistance from Offending

% of individuals placed on Community Payback Orders with Offender Supervision seen within 5 days of court appearance.



In 2020/21, **84%** of individuals placed on a Community Payback Order with Supervision Requirement were seen within 5 days of their court.

Impact of Covid-19 on Justice Outcomes

All Courts closed on 23rd March 2020 and operated in a virtual manner, with only custody courts sitting during lockdown periods. Ayr Sheriff Court cases were heard at the Hamilton hub and court social work staff engaged virtually with Hamilton staff. Criminal Justice Social Work Reports were provided to courts and given priority.

All face-to-face contacts changed to virtual and phone contacts where risk allowed.

High-risk and vulnerable people were seen face-to-face. Unpaid work was suspended for most of the year 20/21 with only a small number of people being able to undertake work in their local area. Home tasks were given where appropriate.

Financial Performance and Best Value

Summary of financial performance

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. This year additional reports were presented detailing the financial cost in responding to the Covid Pandemic.

The overall financial performance against budget for the financial year 2020-21 was an underspend of £10.206m. This position reflects additional non-recurring funding received from the Scottish Government to support the ongoing financial costs in responding to the pandemic in 2021-22. A total of £10.206m has been allocated to reserves for use in future financial years. The reserves balance includes £4.073m earmarked for the continued financial response to the Covid pandemic, £0.732m earmarked to support the Primary Care Improvement Fund activities, £0.204m earmarked for Mental Health Action 15 investment, £0.042m earmarked for ADP support and £0.410m earmarked for the Community Living Fund to redesign services for people with complex needs. The IJB have approved earmarking of £0.894m for specific areas of spend that were delayed due to the pandemic and investment into services to help redesign and shape services for the future. This leaves a balance remaining of £3.851m for further investment and to meet any financial challenges in the future. Proposals for approval will be prioritised to ensure future financial sustainability.

The main financial variances during 2020-21 are noted below:

Community Care and Health - underspend of £1.062m due to underoccupancy in care homes and full year investment in reablement service against part year recruitment.

Mental Health Services – underspend of £0.275m mainly due to underspends in social care packages, with social distancing measures impacting on social group activities.

Children and Justice Services – underspend of £1.362m progress has been made to reduce out with authority placements providing better outcomes for children and reducing costs at the same time. Additional support to young adults attending college was impacted by the pandemic, as colleges remained closed for most of the year.

Support Services – underspend of £1.823m included in this underspend is specific funding received for Community Living Funding to be used over the next three years. Delays in training and recruitment of specific posts for projects also resulted in an underspend.

Covid-19 Expenditure – underspend of £3.838m additional funding of £3.4m was received from the Scottish Government at end of the financial year to carry forward into 2021-22 to meet the costs of recovery and renewal from the pandemic.

Lead Partnership – underspend of £1.527m mainly due to staff vacancies and recruitment delays within Mental Health Services. The impact of Covid-19 resulted in dental services being paused for part of the year.

It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Significant progress has been made during 2020-21 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2021-22.

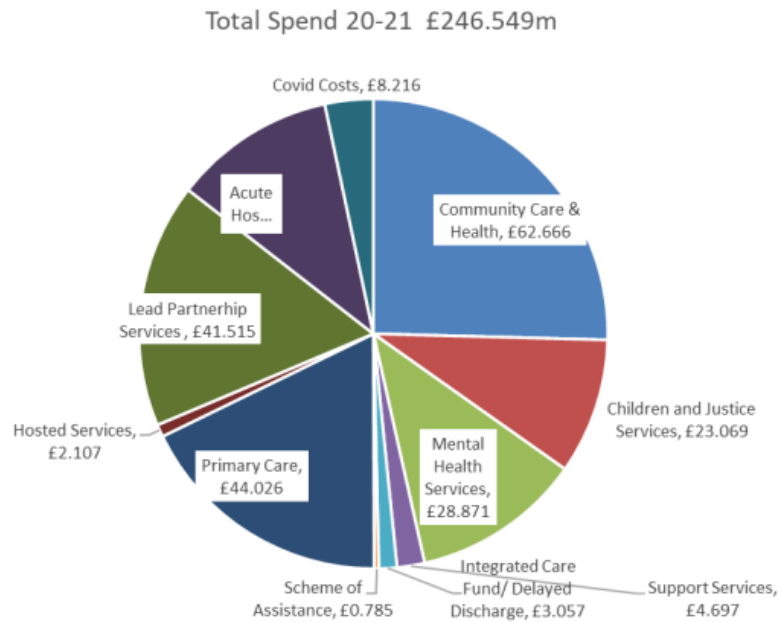
Key successes for 2020-21 include:

- Repayment of £1.092m, being the annual instalment of outstanding debt to the Council, leaving a balance of £1.894m to be paid over the next two financial years.
- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities and continued Covid-19 recovery and renewal.
- Savings totalling £3.1m were delivered in-year, against an approved savings plan of £3.8m, £0.402m savings were delayed due to Covid-19 and £0.298m savings were unachievable, the shortfall in savings was factored into the approved budget for 2021-22.
- Progress with reducing the number of children placed in out with authority placements in 2020-21 have meant savings for 2021-22 are achieved.
- The level of Social Care services supporting older people in the community has increased, this is essential to maintain the improvement in delayed discharges.

Strong financial leadership will continue to be required to ensure that future spend is contained within the budget resources available, and the IJB moved into 2021-22 with an approved balanced budget.

Financial Reporting

Financial monitoring reports were presented to the Integration Joint Board throughout the year. A full analysis of the financial performance for 2020-21 is detailed in the [Financial Outturn 2020-21 report](#). The chart highlights the spend by service this year, including Covid expenditure of £8.216m.



The financial funding made available from NHS Ayrshire and Arran and South Ayrshire Council to the IJB to deliver services and the costs associated with delivering these services over the last 5 years is detailed in the table below from 2016/17 to 2020/21.

Services	Total Spend 16/17 £m	Total Spend 17/18 £m	Total Spend 18/19 £m	Total Spend 19/20 £m	Total Spend 20/21 £m
Community Care & Health	48.757	53.585	61.105	62.164	62.666
Children and Justice Services	21.475	24.187	25.547	25.930	23.069
Mental Health Services	25.430	26.822	26.968	27.624	28.871
Support Services	3.902	4.041	5.662	6.555	4.697
Integrated Care Fund/ Delayed Discharge	2.343	1.616	1.735	1.674	3.057
Scheme of Assistance	0.903	0.640	0.841	0.550	0.785
Primary Care	38.977	39.872	39.463	42.381	44.026
Hosted Services	21.038	21.006	1.595	1.488	2.107
Lead Partnership Services	20.518	19.17	38.021	37.558	41.515
Acute Hospitals	22.416	21.461	24.396	24.884	27.54
Covid Costs					8.216
Cost of Services	205.759	212.400	225.333	230.807	246.549
Funding					
NHS Ayrshire and Arran	138.637	140.009	148.57	154.924	178.631
South Ayrshire Council	68.401	73.359	75.794	76.294	78.124
Total Funding	207.038	213.37	224.364	231.218	256.755
(Surplus) or Deficit on Provision of Services	(1.279)	(0.968)	0.969	(0.411)	(10.206)

Best Value

NHS Ayrshire and 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 the Strategic Plan. The IJB then directs NHS Ayrshire and 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 also has a duty under the Local Government in Scotland Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised, having regard to economy, efficiency, effectiveness, the need to meet the equal opportunity requirements and contributing to the achievement of sustainable development.

The [IJB Budget for 2020-21](#) approved transformation investment to increase capacity in kinship and foster carers support this reduces the need for expensive out with authority placements. Investment was made into the business support function to increase capacity in data analysis and reporting on performance measures. The need to continuously improve in systems and reporting is critical for timely management decision making. The implementation of a new Digital Strategy includes funding for replacement of analogue community alarms with new digital equipment to improve the efficiency of the service. The IJB also approved further investment to front line resources to support the Community Planning Partnership led initiative in Wallacetown. The focus will be on supporting local people by improving signposting and referring to the right services at the right time.

During the year, the IJB approved further investment into the Care at Home reablement service, this will provide additional capacity to reduce delayed discharges, optimising service users independence through early intervention and reducing the demand on mainstream care at home services and care homes.

During the pandemic, services had to respond to delivering care and support in different ways, often with the use of technology. This has provided opportunity to review how we deliver services and make use of technology where possible to enhance service users experience.

Spanning some of the reporting period, Audit Scotland were carrying out a Best Value Audit of the council, including services delegated to the IJB. This report was presented to the Accounts Commission in October 2021.

Community Activity

It is fair to report that much of the planned work in relation to community-based activity and capacity building, has been limited or changed because of Covid related constraints. However, the need to provide practical support for local people throughout lockdowns and other limitations has led to a range of local mobilisation of volunteers in communities and positive partnership working.

Working with colleagues from the Council, VASA and other services, support services emerged that allowed people across South Ayrshire (and particularly those most vulnerable and isolated) to receive practical support during the lockdown periods. The collective response to the shielding population was also an illustration of this strong partnership response.

Specific services have been initiated to deal with the emerging demands, or existing services have been developed to respect the new context. For example, VASA has strongly worked in partnership with HSCP and others and developed, amongst other services:

- South Ayrshire Lifeline
- Telephone Befriending
- Digital Connection/Connecting Scotland
- Up and About – supporting those who have become isolated and lost confidence
- Mix and Match – linking people who are isolated that have similar interests
- Sensory Impairment
- Shopping support
- Carers PPE access
- Prescriptions pick up



Case Study – South Ayrshire Lifeline

Miss D emailed South Ayrshire Lifeline looking for activities for her mum and dad. Dad has dementia and both are very isolated. Arranged to call her and find out a bit more about what her parents might like to get involved in. Signposted to Alzheimer Scotland for activity groups, carers' group for mum and general support and advice. Also told Miss D about Give a Dog a Bone community space, the Dementia Arts Trust Hub and Dementia Friendly Prestwick. She felt her mum would sometimes appreciate the chance to socialise separately from her dad so, based on her interests, we signposted to 3 Ayr groups and referred her to South Ayrshire Lifeline's Telephone Befriending Service.

In addition, VASA and HSCP staff have developed a new self-management programme (Living Well) which has been delivered on-line by lay-leaders who have been trained in self-management skills.

Living Well is a six-week self-management programme, currently delivered online once a week in one two-hour session per week. Clients are helped with any digital set up issues through being referred to VASA's Digital services prior to joining. Each cohort will be small numbers of around six to eight clients.

Each six-week programme has a flexible structure where there are set sessions with flexibility to suit those attending each cohort. Sessions include finding online self-management resources, building confidence, motivation, food & mood, digital security, relaxation etc. Underlying each session is the connection between the attendees of each session, growing networks and building confidence through peer support.

At the end of the programme, clients are signposted and supported in methods of moving on and keeping their social networks together. Participants have relayed how being involved with the programme has given them a sense of purpose and helped relieve some of the isolation and loneliness issues they have been facing.

mPower continues to support provide bespoke one-to-one self-management support for people aged 65 and over to improve their wellbeing and live safely and independently in their own homes, which includes an assessment of their social connections.



mPower is currently providing telephone support to over 65s rather than usual home visits and this is expected to continue for some time. During this unsettling period, ongoing support is provided to our older population to help them navigate the range of existing and emerging supports available. Consultation through Near Me is provided as appropriate.

mPower Community Navigators provide a single point of contact to support and facilitate access to practical help from a wide range of formal and informal services, as well as recommend a range of simple digital health tools and apps to enhance their health and wellbeing as well as their social connections.

Volunteering

The huge numbers of prospective volunteers that came forward from appeals from Government were utilised as best NHS/Council and VASA could support.

The limitations of this and the very large attrition has led to a much longer-term development of a South Ayrshire Volunteering Strategy currently being led by VASA and reporting into the Community Planning Board.

Dementia Friendly work

Just prior to the pandemic a large Ayrshire conference sponsored by the Life Changes Trust (preceded by local engagement activity) explored how we better support people living with dementia and their carers and subsequently a local funding programme was initiated to support local work. South Ayrshire attracted a reasonable proportion of this resource. To support work in Troon, Prestwick, Maybole, Ayr and through SADS and Ayr United Football Academy.

Despite the impact of Covid there has been some really pragmatic responses to supporting those living with dementia and their carers. For example, Bags of Support in Dementia Friendly Prestwick (DFP) has supported very isolated people living with dementia and their carers with doorstep visits and a lunch and activities.



With funding from the Corra Foundation, DFP has helped support people living with dementia and their carers, and older people feeling the impact of social isolation. The programme has been a huge success and will continue.

The dementia friendly walks have now re-started. As well as the benefits of gentle exercise, DFP is acutely aware of the value of the peer support the group also offers. Old friends and neighbours have met again, and gales of laughter can regularly be heard along Prestwick seafront.



Dementia Friendly Prestwick (in partnership with Paths for All and Council staff) developed and launched Prestwick Promenade as a dementia friendly space. Girvan Town Team is also applying the learning from Prestwick to a similar initiative in Girvan.

There are many other examples of creative responses to support people living with dementia and their carers from the HSCP and partners such as South Ayrshire Carers Centre, Crossroads, Alzheimer Scotland and SADSAs.

Social Isolation

A range of community-based organisations have supported their local residents in need and the Social Isolation Strategy Implementation Group has continued to support the implementation of the strategy in challenging circumstances but with flexibility, for example, with the links to the Connecting Scotland programme. For example, Sheltered Housing residents have been supported through VASA with digital equipment, data packages and training.

Locality Small Grants

Whilst in situ 'Decision Day' – Participatory Budgeting- events were not possible to support, nevertheless, Locality Planning Partnerships supported a range of local groups in

work linked to local priorities or to local Covid related response 62 community groups benefited from decisions made and £29,635 of small grants were made supporting work on, for example, social isolation, mental health, Christmas related support and wider Covid support activity.

Strictly Seniors

A new edition of [Strictly Seniors](#) has been produced setting out a variety of options for older people re health, wellbeing and remaining independent and active. This has been distributed to around 5,000 older people.

Shielding work



Working with partners across South Ayrshire including council, GP Practices, Community Pharmacists, VASA and wider third and community sector the HSCP has ensured a comprehensive support to those shielding in practical ways.

Occupational Therapy staff developed a 'brief intervention' approach which was deployed across staff (and shared at Scottish and UK levels).

A booklet was produced setting out all local/national shielding support options delivered to all Shielding households.

Community Planning

It is fair to say that Community Planning arrangements have been greatly strengthened and the HSCP is playing a much stronger role in supporting the new Strategic Delivery Partnerships.

In relation to the Communities and Population Health SDP, the group focuses on delivering progress on the national Public Health priorities within the context of working closely with communities and localities.

The HSCP has been and is increasingly influential (alongside public health colleagues) in emerging work on physical activity, place planning, volunteering and mental health.

The new Communities Reference Group also allows the HSCP engagement and other staff to work strategically with Council and Third sector colleagues more effectively.

The Community Planning Board has established a new SDP to focus work in Wallacetown and HSCP staff have fully committed to this approach with additional locally deployed staff and wider focused support through mainstream services.

Participation, Consultation and Engagement

Meaningful participation, consultation and engagement is at the heart of achieving the vision and objectives of the South Ayrshire Health and Social Care Partnership.

The Partnership is required by the Public Bodies (Joint Working) (Scotland) Act 2014 to involve and consult with relevant stakeholders, including patients and service users, in the planning and delivery of services.

The [Participation and Engagement Strategy](#) outlines how the Partnership will involve partners across South Ayrshire in order to develop services that meet the needs and improve outcomes for our communities. The [Digital Strategy](#) also outlines how the Partnership will explore opportunities to use digital platforms to improve communication and engagement with citizens, building upon COVID-19 lessons learned.

There are formal consultation and engagement opportunities for people and organisations to share their views on specific proposals being developed for health and social care in South Ayrshire. This can include strategies, plans, service developments and service reviews among other areas. It is in addition to the ways in which people and organisations are already involved in shaping the work of the Partnership and Integration Joint Board, including membership on the Integration Joint Board and its Committees.

Our current [Communications Strategy](#):

- sets out a framework for effective communication
- identifies our stakeholders and who we will communicate with – both internally and externally
- identifies the ways in which we will communicate
- sets out how we will further improve the effectiveness of our communication activities

During the year the [Integration Joint Board Strategic Plan](#) for the period 2021-2031 was launched. This was developed in collaboration with communities, third sector and the workforce through extensive consultation and engagement activity that took place from 30 June 2020 – 5 March 2021.

Engagement was carried out with Locality Planning Partnership's, the Alcohol and Drugs Partnership (ADP) and Community Planning Partners and a series of 'What Matters to you?' surveys were developed and shared across the public, third sector and partners. Voluntary Action South Ayrshire (VASA) held three online interactive workshops during this period with third sector and community groups. VASA alongside South Ayrshire Carers Centre also carried out telephone conversations with targeted individuals to ensure they were capturing the views of as many groups as possible in the absence of face-to-face events (due to COVID-19).

Responses gathered during the engagement period highlighted a strong desire for communities to be supported and empowered to improve health and wellbeing outcomes, with many wanting to see more resources and facilities available in communities. Joined-

up working by organisations and HSCP practitioners was highlighted as being key to success. In addition to joined-up working in communities, there were also several mentions of the need for more integration and a desire for improved communication across all areas.

The HSCP wants to continue to build on the positive engagement we have had with communities and the third sector with a keen focus on listening to people who use HSCP services, families and carers. We recognise that as a partnership we can always improve how we communicate, engage with and involve our communities and the people we support in key decisions and the design of our services. A revised Communications and Engagement Strategy will be published in 2021 which will build on national guidance and the National Standards for Community Engagement.

Clinical Care and Governance

Throughout the pandemic we maintained our core governance meetings and re-established a Health and Care Governance Group (HCGG), in keeping with national guidance to ensure a joined-up approach to governance of both 'health' and social work / social care services. The HCGG received reports from each of the HSCP's service areas and other internal governance groups such as the newly formed Social Work Governance Committee.

In addition to the regular Health and Care Governance business, we have mainstreamed into our business the enhanced oversight of care homes and care at home services, built from the early days of the pandemic. Although emanating from national care home oversight guidance, we have tailored these arrangements to what works well for us locally.

From this, we have also developed a Quality Assurance Framework which is being rolled out through 2021-22.

From a public protection perspective, Adult Support and Protection reports along with Child Protection reviews support learning for the HSCP and these wider multi-agency protection-based Partnerships. Good governance arrangements (through the Adult and Child Protection Committees) ensure that all staff are supported to share issues in a safe and confidential environment. Learning Summaries are shared, and the Partnership supports education and learning through the work done by the Education and Learning Sub-Group. This approach ensures that governance procedures improve, assure and, where necessary, result in remediation to drive the quality of our joint services.

The Partnership Improvement Plan emanating from this governance approach, ensures that continuous improvement is embedded throughout every aspect of care delivery, from corporate leadership values to clinical and partnership support for staff.

We continue to keep our governance processes under review and are constantly seeking to improve these.

Integration Joint Board – Governance and Decision Making

The table below highlights the key decisions taken by the Integration Joint Board in 2019/20. Copies of the relevant reports can be found on in the [committee reports and agendas](#) section of the website.

The NHS Board and South Ayrshire Council were required by statute to review the Scheme of Integration for South Ayrshire prior to the end of March 2020. Following a public consultation, the two parties agreed that no changes were required at that time. The decision not to change the Scheme was agreed at South Ayrshire Council on 5 March 2020 and at NHS Ayrshire and Arran Board on 28 March 2020.

Key Decision	Date of Integration Joint Board
Approved the South Ayrshire Health and Social Care Partnership IJB Budget for 2020-21	25 th March 2020
Noted the update on Care at Home and supported the proposal to redesign Re-ablement Services	25 th March 2020
Approved the delegated authority for the Chief Officer and S95 Officer to take decisions for the period of the COVID-19 Pandemic	25 th March 2020
Agreed to recommence governance meetings, including the IJB and its subcommittees, and for these meetings to be held virtually	25 th June 2020
Approved funding for Alcohol and Drug Services proposed by Alcohol and Drug Partnership	25 th June 2020
Noted the content of the Children's Services Plan Annual Report 2019-2020	25 th June 2020
Approved the South Ayrshire Health and Social Care Partnership audited accounts for 2019-20	16 th September 2020
Noted the estimated cost in responding to the COVID-19 pandemic	16 th September 2020
Approved the Sexual Exploitation Strategy 2020-2025	16 th September 2020
Approved the South Ayrshire Health and Social Care Partnership Annual Performance Report for 2019-20	16 th September 2020
Approved the updated Ministerial Strategic Action Plan and noted the progress to date	16 th September 2020
Approved the commencement of Care at Home Service Review	21 st October 2020
Approved Young Carers Strategy Implementation Report	17 th February 2021
Approved Strategic Plan 2021-31	24 th March 2021
Approved Reserves Strategy	24 th March 2021
Approved Budget	24 th March 2021

In Year Progress and Year Ahead

This Annual Performance Report covers the twelve months to April 2021, meaning the reporting period began just as the country had entered the first national lockdown in response to the COVID-19. Our focus since then has been to maintain a level of service for the people we support while playing our part in protecting the public from the virus.

This had an impact on some of our performance indicators (e.g., some volatility in delayed transfers of care, and reduced emergency admissions over the period) and leaves some gaps in the data. Our focus was understandably on protecting communities from the virus to much of our activity was diverted to, for example, supporting care homes to protect their residents, supporting rollout of the vaccine to the community and staff and generally adapting our services to the various levels of restrictions.

While this year has been unprecedented in the challenges it has brought to our services and the toll of grief brought to our communities and our staff, there are some important lessons learned and even positives that we must garner from the pandemic response. We saw an amazing response from our staff, innovating and adapting to the challenges and, most importantly, displaying admirable resilience in all of their work. People were also able to rely more than ever on the support of their neighbouring community as an unprecedented movement of community resilience emerged.

At the time of publication, our services are still feeling the impact of COVID-19 both directly (e.g., as we support those with 'long-covid') and indirectly (e.g., as we try to understand the long-term impacts of 'pent-up' demand). Pressures in the system continue into 2021.

The year ahead

Looking ahead to the 2021/22, it is important to recognise both the challenges and opportunities that present to the HSCP.

On the other hand, the IJB has been able to set a balanced budget and invest in key areas of prevention. Our future direction and ambition are set out in our IJB Strategic Plan 2021-31 published in June of this year.

The Strategic Plan describes a clear vision for the HSCP of *'Empowering our communities to start well, live well and age well'* and seven new Strategic Objectives:

1. We focus on prevention and tackling inequality
2. We nurture and are part of communities that care for each other
3. We work together to give you the right care in the right place
4. We help build communities where people are safe
5. We are an ambitious and effective Partnership
6. We are transparent and listen to you.
7. We make a positive impact beyond the services we deliver.



We are also, as part of our Strategic Plan, developing our South Ayrshire Wellbeing Pledge and building on our partnership agreement with the third sector through VASA.

Progressing these areas of work will see the HSCP investing in innovation and transformation across all of our services and before the end of 2022 we will publish additional strategic documents including a new Learning Disability Strategy for South Ayrshire, a HSCP Engagement and Communication Strategy and an overarching Adult and Older People Commissioning Plan.

Appendix 1: National Health and Wellbeing Indicators Data

NATIONAL INDICATORS		South Ayrshire Health and Social Care Partnership Data							2020/21	Scotland Latest Data	RAG STATUS
		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20			
NI-1	Percentage of adults able to look after their health very well or quite well	95%	N/A	95%	N/A	94%	N/A	94%	N/A	93% (2019/20)	✓
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	N/A	83%	N/A	82%	N/A	82%	N/A	81% (2019/20)	✓
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	N/A	80%	N/A	77%	N/A	75%	N/A	75% (2019/20)	✓
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	79%	N/A	74%	N/A	85% (s)	N/A	72%	N/A	74% (2019/20)	✓
NI-5	Total percentage of adults receiving any care or support who rated it as excellent or good	81%	N/A	83%	N/A	85%	N/A	81%	N/A	80% (2019/20)	✓
NI-6	Percentage of people with positive experience of the care provided by their GP practice	89%	N/A	90%	N/A	88% (s)	N/A	86%	N/A	79% (2019/20)	✓

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	82%	N/A	83%	N/A	87% (s)	N/A	81%	N/A	80% (2019/20)	✓
NI-8	Total combined percentage of carers who feel supported to continue in their caring role	43%	N/A	40%	N/A	36%	N/A	37%	N/A	34% (2019/20)	⚠
NI-9	Percentage of adults supported at home who agreed they felt safe	83%	N/A	85%	N/A	85%	N/A	87%	N/A	83% (2019/20)	✓
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	N/A	N/A	N/A	N/A	✓
NI-11	Premature mortality rate per 100,000 persons	425 (2013)	391 (2014)	422 (2015)	451 (2016)	380 (2017)	419 (2018)	428 (2019)	435 (2020)	457 (2020)	✓
NI-12	Emergency admission rate (per 100,000 population)	14,825	15,811	16,334	16,575	17,712	17,898	16,826	<u>15,112 (2020)</u>	Calendar year 2020 South Ayrshire 15,112 Scotland* 11,100	●
NI-13	Emergency bed day rate (per 100,000 population)	153,312	166,173	176,871	176,559	174,693	161,011	161,359	<u>139,852 (2020)</u>	Calendar year 2020 South Ayrshire 139,852 Scotland* 101,852	●

NI-14	Readmission to hospital within 28 days (per 1,000 population)	109	107	110	116	120	127	118	125 (2020)	Calendar year 2020 South Ayrshire 125 Scotland* 114		
NI-15	Proportion of last 6 months of life spent at home or in a community setting	85%	86%	86%	85%	86%	86%	88%	89% (2020)	90% (2020)		
NI-16	Falls rate per 1,000 population aged 65+	22.3	24.9	24.4	22.4	24.8	24.1	22.6	22.6 (2020)	Calendar year 2020 South Ayrshire 22.6 Scotland* 21.7		
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	N/A	86%	89%	86%	87%	80%	80%	79% (2020/21)	82%		
NI-18	Percentage of adults with intensive care needs receiving care at home	71%	67%	63%	64%	63%	61%	64%	64%	63% (2019)		N/A
NI-19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	629	900	838	1273	967	1354	1699	892 (2020/21)	488 (2020/21)		
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	27%	26%	27%	28%	29%	29%	28%	25% (2020)	Calendar year 2020 South Ayrshire 25% Scotland* 21%		
NI-21	Percentage of people admitted to hospital from home during the year, who	Indicator under development										

	are discharged to a care home			
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.

Data for 2020/21 are not yet available for Scotland for indicators NI-12, NI-13, NI-14, NI-16 and NI-20. This is due to data completeness issues with the SMR01 dataset.

Due to various changes in the 2019/20 HACE survey wording, indicators 2, 3, 4, 5, 7 and 9 are no longer comparable to previous years.

Calendar year 2020 is used here as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21.

	No concerns
	Some concerns
	Major concerns

For further information please contact:

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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 ناپینا افراد کے لئے ابھرے 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，大字印刷或音频格式，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 ਸੁਣਨ 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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