

South Ayrshire HSCP

ANNUAL PERFORMANCE REPORT 2019/20 (DRAFT)



CONTENTS

CHAIR'S FOREWORD.....	4
DIRECTOR'S INTRODUCTION	5
STRATEGIC CONTEXT.....	6
KEY MESSAGES AND HIGHLIGHTS 2019/20	8
LEAD PARTNERSHIP RESPONSIBILITIES	10
OTHER LEAD PARTNERSHIP ARRANGEMENTS	12
NATIONAL HEALTH AND WELLBEING OUTCOMES.....	13
HEALTH AND WELLBEING OUTCOMES	14
MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE CORE INDICATORS	35
CHILDREN'S OUTCOMES	38
COMMUNITY JUSTICE OUTCOMES.....	47
FINANCIAL PERFORMANCE AND BEST VALUE.....	49
COMMUNITY ACTIVITY	53
PARTICIPATION, CONSULTATION AND ENGAGEMENT	59
CLINICAL CARE AND GOVERNANCE	60
INTEGRATION JOINT BOARD – GOVERNANCE AND DECISION MAKING.....	61
INSPECTION OF SERVICES	63
IN YEAR PROGRESS AND YEAR AHEAD	67
APPENDIX 1: NATIONAL HEALTH AND WELLBEING INDICATORS DATA	69

CHAIR'S FOREWORD

To follow – a note from the IJB Chair.

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DIRECTOR'S INTRODUCTION

This is the 5th Annual Performance Report of the South Ayrshire Health and Social Care Partnership (HSCP). Since we were established in 2015, much work has been done to modernise and to integrate services through improved multi-disciplinary working as envisaged in the 2014 Public Bodies (Joint Working) (Scotland) Act ("the 2014 Act"). The report covers the period April 2019-April 2020, meaning the data included was largely gathered before the COVID19 pandemic and initial lockdown period. The HSCP's focus on mobilisation in response to COVID19 and the huge efforts of our staff team to divert resources to dealing with the pandemic is also the reason for the delay to this report which we are publishing in the autumn in keeping with other HSCPs across Scotland.



With this in mind, our 2019-20 report focuses on meeting our obligations of transparency set out in the 2014 Act and associated Performance Regulations while hopefully maintaining relevance to the interests of our communities and partner agencies. Despite the challenges we face, the report draws out some of the good progress that was made over the course of 2019-20 and highlights key areas of ongoing and planned work to bring further improvements to services and to outcomes for the communities we serve. I am proud that in the face of increased demand for services and financial constraints on public services, South Ayrshire Health and Social Care Partnership has continued to drive improvement in health and social care.

The Integration Joint Board's (IJB) focus this year has been on achieving financial sustainability through early intervention and prevention, defining new ways of working to enable people to be supported in the community. Key financial successes for 2019-20 included an overall reported surplus, allowing for the earmarking and protection of ring-fenced funding for Scottish Government priorities; savings totalling £4m were delivered in-year and the approval of Medium-Term Financial Strategy, including transformation activities.

Clearly the ongoing pandemic is foremost among a range of uncertainties faced by the HSCP but I am confident that the progress demonstrated within this report provides a solid foundation for us to face up to these challenges as a partnership and support our communities to thrive. I look forward to setting out these ambitions in our revised Strategic Commissioning Plan next year and continuing our journey of transformation and improvement in health and social care for the people of South Ayrshire.

In conclusion, I would like to pay tribute to the exceptional staff team working within the HSCP. There are very many examples of imaginative and compassionate practice which often go unrecognised. Every day colleagues "go the extra mile" to improve the lives of citizens in South Ayrshire. I would like to offer my personal thanks to all staff, particularly during the challenges posed by the Covid-19 crisis.



Tim Eltringham, Director of Health and Social Care

STRATEGIC CONTEXT

The South Ayrshire Health and Social Care Partnership (HSCP) was formally established on 1st April 2015 and brings together a wide range of health and social work services into a single operational delivery unit. The Integration Joint Board (IJB) which is the principal governance body of the Partnership is responsible for strategic planning, resource allocation and for overseeing the delivery of a full range of community health and social care services. These include: services for older people, adults, children and families and people in the Justice System in South Ayrshire. In 2019-20 it was also responsible for a number of Pan-Ayrshire health services relating to Allied Health Professions, Continence, Sensory Impairment, and Family Nurse Partnership.

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, providing a 10-year vision for integrated health and social care services and contains a three-year strategic planning framework for 2018-21. It sets out an agreed programme for the Partnership and how it will use its resources to integrate services in pursuit of National and Local Outcomes.



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

The Health and Social Care Partnership's vision is:

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

To deliver on this vision the Integration Joint Board agreed the following strategic objectives for the period 2018-2021:

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

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

All staff and partner organisations will be:

CARING

POSITIVE

RESPECTFUL

SAFE

SUPPORTIVE

We will demonstrate:

ENGAGEMENT

INTEGRITY

DRAFT

KEY MESSAGES AND HIGHLIGHTS 2019/20

During 2019-20 we have remained committed to continuous improvement of our services and to an approach based on early intervention, prevention, anticipatory care planning and the innovative use of technology. We are determined to offer choice and control for individuals over the way in which care is provided and committed to joint working with communities through locality planning, to ensure that people are able to support their own health and wellbeing by means of resources and support networks available within their local communities.

Key highlights of progress against each of our nine strategic priorities are set out below:

Protect Vulnerable Children and Adults from Harm

Children are placed on the child protection register when there are significant concerns for their safety; the number of children on the Child Protection Register reduced over the course of the year (detailed below) – a positive step. Similarly, Adult Support and Protection referrals completed within five working days are improving with 83% now completed within this time period, compared to 70% in 2018/19.

During the year, the South Ayrshire Alcohol and Drug Partnership's (ADP) multi-disciplinary group developed a new process for carrying out in-depth reviews of all suspected drug related deaths, increasing the local understanding of the protective and contributing factors of drug related deaths, in order to progress towards preventative activities to reduce drug deaths in South Ayrshire. Innovative approaches include the new Assertive Outreach and Intensive Support Multidisciplinary Team who aim to provide intensive and flexible support for vulnerable people who may be disengaging from alcohol or drugs services, who have had recent contact with emergency services or who may be at risk of an alcohol or drug related death.

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. The latest trends show an improvement from 69.2% to 75.5% of children reaching developmental milestones at the time of their 27 - 30month health review. South Ayrshire performance is higher than the National level of 57.1%.

Improve outcomes for children who are looked after in South Ayrshire

South Ayrshire Champions Board consists of partnership staff and a range of volunteers all of whom have care experience. The Board was set up to develop new ways of working with care experienced young people, by engaging young people in meaningful conversations and building successful relationships, the main aim to give the young people an opportunity to be heard and listened to by care staff and policy makers. 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 66 young people with care experience regularly took part in Champions Board activity, support for mental health and wellbeing has been introduced providing an additional layer of important support, one-to-one support and use of social media has extended the engagement, with our Facebook now at 4,000 users, an increase of 100%.

A full report on the Children's Services Plan can be found here. ([LINK](#))

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

During the year there has been an increase in delayed discharges. The Scottish Government Ministerial Strategic Group has set a performance measure based on delayed discharge bed day rate per 1,000. As at March 2020, there was a 56.5% increase in bed days, against an objective of a 25% increase limit.

Biggart Hospital is a community hospital whose main premise is rehabilitation of patients, to enable them to get back home with or without community supports. At the start of the year, the hospital was experiencing high levels of delayed discharges partially due to the financial resources available to commission additional community-based care. In shifting the balance of care to the community an operational decision was made to close 12 beds in the hospital and transfer the funding to care homes, reducing the number of beds from 83 to 71.

(It should be noted that beyond the period of this report, delayed discharges have reduced significantly (by over half) following enhanced efforts to reduce delays to support capacity in dealing with the pandemic.)

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

A review of our Self-Directed Support processes was undertaken aligning assessment materials to community led support principles and the implementation of Carefirst. The result is revised processes, including a Resource Allocation System (RAS) that provides service users with an indicative budget, with which to use as a guide of available funding to plan their care and support needs. Further developments, including costing service packages and training are to be carried out in 2020-21.

Our reablement service has continue to provide good results, with 30% of service users fully reabled i.e. requiring no further care, following a period of reablement. This service optimises peoples' independence and allows them to stay at home healthier for longer along with releasing pressure on the care at home mainstream service, whose focus is on maintaining service users at home.

Manage resources effectively, making best use of our integrated capacity

Significant progress has been made in the HSCP's financial position, a situation aided by the recruitment of a dedicated Chief Finance Office. Key successes for 2019-20 include:

- Repayment of the outstanding debt to the Council has commenced, although less than the £0.819m planned, a contribution of £0.291m was made to the outstanding debt.
- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities.
- Savings totalling £4m were delivered in-year, against an approved savings plan of £5.5m, £1.2m of these savings have been addressed in the 20-21 budget.
- Progress with reducing the financial overspends in 2019-20 which will have an impact on the financial plans and sustainability for future years.
- Social Care services supporting older people in the community remained within budget, following a significant overspend in prior year.
- Approval of Medium-Term Financial Strategy, including transformation activities.

Give all our stakeholders a voice

All HSCP strategies and key documents were engaged on in keeping with this strategy but 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.

LEAD PARTNERSHIP RESPONSIBILITIES

By agreement, the three Ayrshire Integration Authorities (North, South and East) take on lead responsibility on a pan-Ayrshire basis for certain services. In 2019-20 South Ayrshire Health and Social Care Partnership was the Lead Partnership for **continence, sensory impairment, Allied Health Professionals (AHPs)** and **family nurse partnership** services on behalf of the three Ayrshire Health and Social Care Partnerships.

CONTINENCE

The Integrated Continence 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 Continence 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

SENSORY IMPAIRMENT

A Pan-Ayrshire Sensory Locality Plan and Action Plan 2014-2024 was developed to better support people with sensory impairment needs.

A six-year campaign to enhance access to public services across Ayrshire for people using British Sign Language was launched in November 2018. The Ayrshire Shared British Sign Language (BSL) Local Plan 2018-24 is a partnership between Ayrshire College; East, North and South Ayrshire Councils; East, North and South Ayrshire Health and Social Care Partnerships; and NHS Ayrshire & Arran.



The Scottish Government wants Scotland to be the best place in the world for BSL users to live, learn, work and visit. This means that people whose first or preferred language is BSL will be fully involved in daily and public life, as active, healthy citizens, and will be able to make informed

choices about every aspect of their lives.

The Ayrshire Shared Plan sets out what partners will do to support BSL users in Ayrshire, covering early years and education; training and work; health, mental health and wellbeing; transport; culture and the arts; justice and democracy. It describes the actions the eight partners will take between 2018-24, including:

- Improving access to a wide range of information and public services in BSL
- Investigating the level of BSL of teachers and support staff in schools
- Enabling parents who use BSL to be fully involved in their child's education
- Improving the experience of students who use BSL, when they move from school to college, university, training and the world of work
- Improving access to health care and mental health services in BSL
- Removing obstacles to BSL users participating.

ALLIED HEALTH PROFESSIONALS (AHPs)

The process of Allied Health Professionals devolving to partnerships took place during 2018-19 with Allied Health Professionals on the whole being devolved to the three partnerships. The MSK (Musculoskeletal) service and Podiatry service have remained as a Pan Ayrshire service hosted in the East Ayrshire Partnership pending further review.

Our AHP services also take on the strategic lead for Falls Prevention across Ayrshire and Arran, working with a broad range of partner agencies and service providers to deliver the sixteen actions in the National Falls Prevention Framework.

FAMILY NURSE PARTNERSHIP

The Family Nurse Partnership (FNP) team continue to deliver the programme to first time parents aged 19 years and under. Between October 2015 and January 2020, 109 young women from South Ayrshire were eligible for FNP programme and of that 74 have enrolled in the programme. Positive outcomes for the parent and child:

- 33.5% of mothers involved in the programme initiated breastfeeding their babies at birth
- 36% of mothers smoked when they joined the programme. This reduced to 30% at 36 weeks gestation with 100% of these clients receiving a referral to smoking cessation.
- At 6 months, 100% of children had received their primary immunisations. By 24 months, 100% of children on the programme had received recommended immunisations



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 and operational management of all Mental Health in-patient services, Learning Disability Assessment and Treatment Service, Child and Adolescent Mental Health Services, Psychology Services, Child Health Service, Children's Immunisation Team, and the Infant Feeding Service.

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

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) has agreed a set of measures to track performance in Integration Authorities. This is discussed below at page 25.

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, however the 2019/20 results were not published as planned during April 2020 due to COVID 19.

HEALTH AND WELLBEING OUTCOMES

OUTCOME 1: HEALTHIER LIVING

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

94% of adults surveyed reported that they were able to look after their health very well or quite well.

(HCES 2017/18)

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.



The 2018/19 alcohol-related admissions rate is 738 per 100,000 age-sex standardised population⁴, which is a 16% decrease overall since 2011/12. The Scotland wide rate is 669.



There were 243 drug-related hospital admissions per 100,000 age-sex standardised population⁴ in South Ayrshire for the most recent time period available (3 year financial year aggregate for 2015/16 - 2017/18). The Scotland wide rate is 181.

Number of drug deaths per year has risen across Scotland. South Ayrshire figures rose from 12 in 2017 to **15** in 2018.

How are we responding?

The South Ayrshire Alcohol and Drug Strategy 2018-21 “Recovery is Reality” was approved on 17th April 2019 and is currently being refreshed further. The South Ayrshire Alcohol and Drug Partnership (ADP) recognise the significant harm which can result from dependent substance use, including the increased risk of an alcohol or drug related death. Alcohol and drug related presentations at acute services continue to be higher in South Ayrshire than the Scottish average. We have also seen an increase in drug related deaths, often older people who have experienced complex physical and mental health and social harms, related to their substance use. The ADP is committed to working together to develop innovative, flexible and assertive outreach approaches to engage with those most at risk of alcohol or drug related deaths and provide support tailored to their needs. The ADP is committed to implementing the Everybody Matters: Preventing Drug Related Deaths: A Framework for Ayrshire & Arran 2018-2021 and take forward the appropriate actions to implement the recommendations from the national Dying for a drink, 2018 report.

CARE AT HOME PHARMACY TECHNICIAN SERVICE TEAM (CAP tech)

At this year’s Scottish Health Awards held in November 2019 the Care at Home Pharmacy Technician Service Team won the Integrated Care Award. The NHS Ayrshire and Arran’s Care at Home Pharmacy Technician Service (CAP tech) brings together community, hospital primary care partner, social care and third party partners in an integrated way working with older and vulnerable adults to achieve the best outcomes possible with respect to their medicine management. The technicians are based in both South and East HSCP’s alongside care at home social care services and visit people recently discharged from hospital or at risk of hospital admission who are having difficulty managing their medicines.

They support people to self medicate by assessing what issues they are having with medicine compliance in their own homes and by introducing the use of appropriate Smart supports and compliance devices by linking in with the Smart Support and thinking differently teams based in the HSCPs. The CAP tech team are able to ensure care packages provided by the social services that assist people with medication is safe, appropriate, person-centered and allows people to be as independent as possible. This has the added bonus of reducing the cost of care packages and allowing people to live independently for longer in their own homes. The team have received good feedback from families and health and social care partners demonstrating the continued value of the service.



OUTCOME 2:

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.



The South Ayrshire Care at Home team were recognised for their difference that they make to help people live independently in their own homes during their most recent Care Inspection in February 2020. The Care Inspectorate described our carers as “ individuals working well as a team who demonstrated a dedicated and caring approach, with a passion for looking after the people they support in the community”. Inspectors found that people using the services were “ full of praise for their carers, describing them as helpful , happy always smiling and caring”.

The team support around 350 service users each week to live independently at home.


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

Supporting people with Dementia – Post Diagnostic Support.

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).
90.5% of people referred received 12 months dementia post-diagnostic support in South Ayrshire (2017/18p) compared with 72.5% across Scotland.

Disabled Adaptations – Private Sector Housing

Total Grants and Loans	2017/18	2018/19 	2019/20
Total no. of cases approved	162	190	128
Total amount spent	£624,423	£681,933	£490,077

Supported Accommodation in Girvan

Last year the South Ayrshire Health and Social Care Partnership worked in partnership with the Strategic Housing team in the Council to develop a Core and Cluster, supported accommodation for people with Learning Disability. The development was opened in November 2019 and supports 11 residents.

People are offered their own tenancy within a cluster of 11 flats, and are individually supported by a staff team centrally located at the cluster. Support is flexible, responsive and designed to empower and enable people to live as independently as they can, to improve their health and wellbeing, reduce inequalities and social isolation along with creating real opportunity to further engage with a range of supports and services within the community. The use of technology is a key feature of the accommodations.

Residents have told us:



Since moving into my new flat I have become more independent and I am putting into practise on a daily basis the new skills I have learned. I like to make my own snacks and keep my flat tidy. I like spending time with my neighbours who are my friends. On a nice day we sit outside at the garden furniture.



I have made good connections within my new community. Involving myself with the milestone



I have been growing in confidence with my daily living skills and I am taking pride in maintaining my new home. I have become a familiar face in my community accessing the local amenities.



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Proposed Care at Home Reforms

To follow.

OUTCOME 3: POSITIVE EXPERIENCES AND OUTCOMES

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

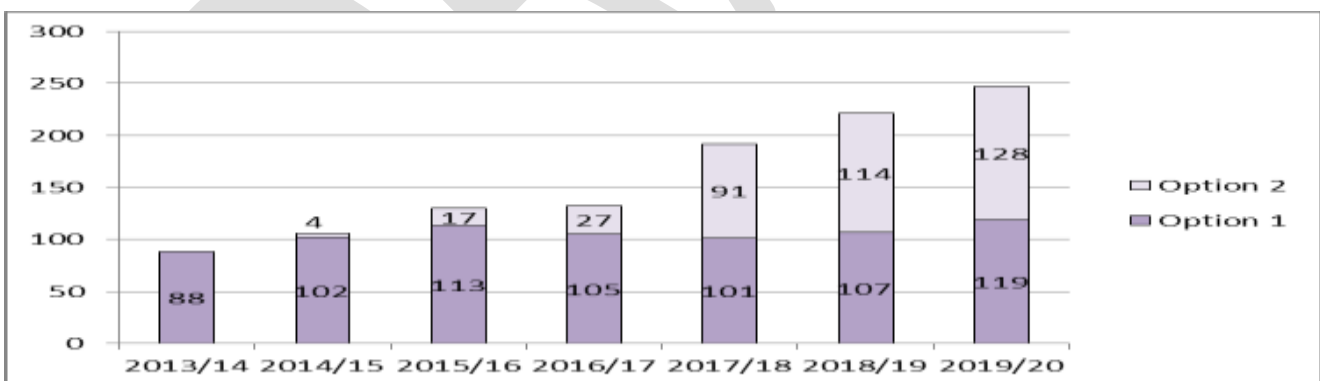
77% of South Ayrshire adults supported who agree that they have had a say in how their help, care or support was provided. This is higher than the national average of 76%. (HCES)

85% of adults who receive any care or support rated it as excellent or good. This is higher than the national average of 80%. (HCES)

88% of people reported positive experiences of the care provided by their GP practice. This is higher than the national average of 83%. (HCES)

Self Directed Support

The uptake of SDS Options 1 and 2 have increased from 88 in 2013/14 to 147 in 2019/20. Option 1 levels increased from 88 to 119 and Option 2 increase from 0 cases in 2013/14 to 128 in 2019/20.



(Option 1- Direct Payment, Option 2- Individual Service Fund)

OPTION 1 – CASE STUDY (to be condensed)

Gwen is a 48 year old woman affected by Cerebral Palsy, Arthritis and Epilepsy. Gwen is significantly physically impaired, with no mobility or weight bearing ability and very limited use of her arms and hands. Her speech and her swallowing are also affected. She requires support with all daily living tasks, particularly personal care tasks and intimate personal care, which includes toilet, menstruation and showering. Gwen was fully supported by her partner until he was no longer able to physically manage some tasks due to his own deteriorating health. She was then referred to social work by her GP for an assessment of needs and a care package was put in place, consisting of four home carer visits daily, a Community Alarm and Crossroads respite at home, 2 hours per week. These were based on the availability of the care provider and the needs of their service in managing their rotas and resources and did not respond to Gwen's natural needs, e.g. toilet needs or medication regime and did not give any consideration to the emotional impact this would have on her. She no longer had privacy in her home, she felt she wasn't afforded the same dignity and respect she previously had, despite the best wishes of the staff attending her home and she no longer had consistency in her care. She found this very difficult to cope with emotionally and due to the risks associated with her conditions, this was not effective in meeting her needs so she cancelled the care and managed this with the combined support of her family. This worked short term, but her three daughters needed to secure paid employment and in doing so, had to try to fit Gwen's care into their routine. She found herself back in this situation where she was having to fit into the availability of others and not her own essential needs and desired outcomes, so her husband contacted Social Work to find out what else could be done.

An up to date assessment of needs was carried out and once clearly identified, Gwen and her Social Worker discussed Self Directed Support, the four options within that and what they offered. It was agreed that her family were able to identify and respond to her needs immediately without any need for alerts or requests and that they were the best people to provide Gwen's care. They offered her the consistency she needed, as well as their lifelong understanding and experience of her needs and associated risks. It was agreed that Option 1 was the best option for Gwen, which meant she could have a Direct Payment from the local authority and the choice, control and flexibility which was essential in keeping her safe and well and she would be the employer. She had some understanding of how this worked and knew she had the skills and ability to manage this effectively, so sought approval for her family members to be her Personal Assistants, which was not usually something the local authority would consider appropriate, but because of the nature of her needs and the difficulty in training strangers to respond to her needs without obvious physical or verbal alerts, it was agreed. Gwen's three daughters were able to then give up their jobs and become Personal Assistants for Gwen and they effectively maintain clear boundaries between personal and professional roles, in line with the job descriptions Gwen had designed with support from Ayrshire Independent Living Network. AILN provide individuals seeking a direct payment with practical advice and support with job advertising, interviewing and recruitment. They also provide a payroll service for a small monthly fee, which Gwen uses. This Option 1 choice has been operating effectively for over three years now, with no difficulties at all and Gwen's quality of life has exceeded her own expectations, meeting all the desired outcomes and responding to changes as they arise. There is no doubt that her particular needs and outcomes would never have been effectively met with a conventional formal care package and the risks would have increased as a result.

OPTION 2 – CASE STUDY (to be condensed)

Daniel is an 84 year old man, affected by Parkinson's Disease and has care provided 6 times daily by formal double up carers through a traditional SDS Option 3 care package, identified and designed by his social worker based on his needs, desired outcomes and the availability of the service providers; Daniel had little input in its final planning. Daniel has meals delivered 7 days a week from the local meal provider which meets the needs of his special diet and this is provided as an Option 4 support. Daniel wanted the opportunity to interact with his peers and he wanted to go where he knew other attendees, but didn't want to miss essential home care visits or attend day care within the local authority provision. He applied for funding through Option 2 Individual Service Fund, allowing him to source a place in a particular service of his choice, with him having the flexibility, choice and control in determining when and how his service was provided and the local authority held the funding and paid the invoices as they were issued. Through further discussion with his social worker, it was also agreed that he would be able to have greater flexibility and choice if he were to have an Option 2 Individual Service Fund contract with the home care provider who currently provided the care, allowing Daniel greater choice and control in meeting his desired outcomes. More importantly, it enabled him to arrange for the carers to attend the day service when he was there, instead of his home, so his care needs and social needs were met in the same place and it was no longer a choice of one or the other, thus improving his quality of life and his experience of care. His specific needs remained fully and safely supported on time, every time and his outcomes met effectively and appropriately, with his aspirations within his reach.

Individuals' needs, desired outcomes and aspirations change and they are able to change the options they wish to take in order to achieve these, as long as they are aware and have the right information to make an informed decision.

Parkinson's Disease requires that medications are taken on time, every time, because there is only a short window of time either side of the individual's prescribed time where it can differ slightly, usually ten minutes or so. Anything other than this specific timeframe and the person is at serious risk of significant harm or even, in some cases, death. The provision of care through Option 3 is not always effective in providing consistency, due to the demands upon the service and needs of others, so tends to meet the needs of the service and not the individual. For someone with Parkinson's Disease, this consistency and punctuality can literally mean the difference between life and death, therefore the other Options must be explored and explained fully, allowing the person to make the choice wherever possible and allowing them the right and the choice to be able to determine the acceptable level of care versus risk for them.

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.

87% of adults supported at home agreed that their services and support had an impact in improving or maintaining their quality of life. (HCES)

INVIGORATE

Invigor8 is an evidence based falls prevention programme for the over 60's. More people are admitted to hospital for falls related incidents than any other condition. Having a fall can affect people in many ways ranging from soft tissue damage, fractures or even death. People also lose confidence and can become isolated by having fall(s) or being fearful of having a fall.

Invigor8 classes work on balance, strength, flexibility, endurance, how to get down onto the floor and back up, floor work, tai chi and confidence building as well as socialisation. The programme delivers excellence through the operation of Invigor8 classes throughout Ayrshire; maintaining people's independence, improving or maintaining functional ability to do every day tasks, socialising to improve mental health and reduce loneliness. Attendees were asked:

'How does participating in the class make you feel' and 'What are the benefits of you attending the class'



GIRVAN OPPORTUNITIES – LEARNING DISABILITY SERVICE

COMMUNITY SENSORY ROOM

On 17th August 2019 The National Lottery Awards for All Scotland, awarded Girvan Opportunities Planning Committee £10,000 to help towards the cost of creating a community sensory room within the Carrick Opportunities Centre. This funding has allowed the planning committee to purchase the best innovative products that make the sensory room an amazing, safe experience for people within our local community. The room has a number of sensory features which appeal to the sense of smell, sights and touch. There are aromatherapy diffusers, fibre optic colour changing cables, a bubble tube, twinkling lights, an aura projector as well a fully equipped sound system. The sensory room is accessed by schools, nursery and local providers and is a fantastic community resource. On Tuesday 18th December, the new Community Sensory room was officially opened. Councillors Alec Clark and Peter Henderson were in attendance as well as Nicola Brown, Funding Officer from The National Lottery, Community Fund who presented the planning committee with their official “big cheque”.

The sensory room is already proving popular:

Karen said: "It's lovely and relaxing."

Johnny said: "I listen to music and chill."



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 419 in 2018 to 428 in in 2019. This is slightly higher than the Scottish average of 426.

LIFE EXPECTANCY

In the latest time period available from 2014-2018 (5 year aggregate), the average life expectancy in South Ayrshire was **77.3** years old for men, and **81.3** years old for women. This is higher than both the Ayrshire and Arran and Scotland wide life expectancies.

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 2016-2018 at partnership, Health Board, and Scotland level.

Average life expectancy in years for the latest time periods (2016-2018 aggregated years for all areas).



	Partnership	Health Board	Scotland
Men	81.3	80.4	81.1
Women	77.3	76.6	77.1

Where Partnership = South Ayrshire HSCP, Health Board = NHS Ayrshire & Arran.

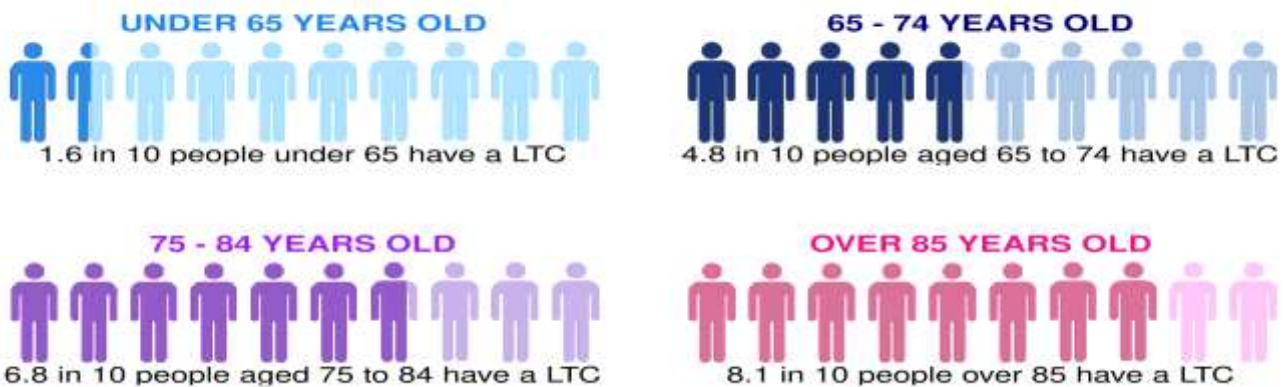
Life expectancy in South Ayrshire varies between each Locality with Ayr North having the lowest average expectancy for both males and females at 73.6 and 77.3 respectively compared to Troon which has the highest for Males at 80 and Maybole and North Carrick which has the highest for females at 82.4.

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.

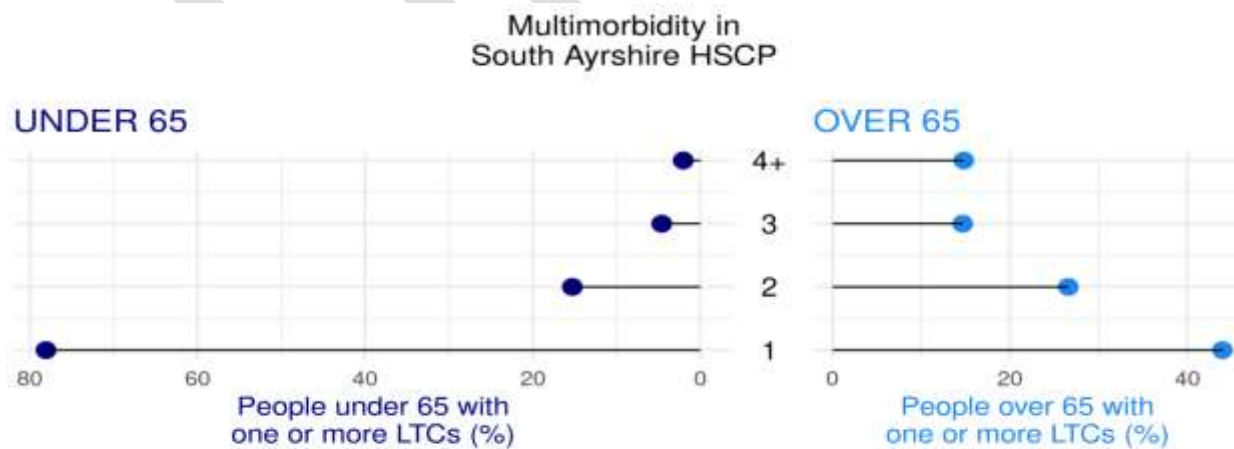
Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2018/19, in South Ayrshire HSCP, **27%** 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.



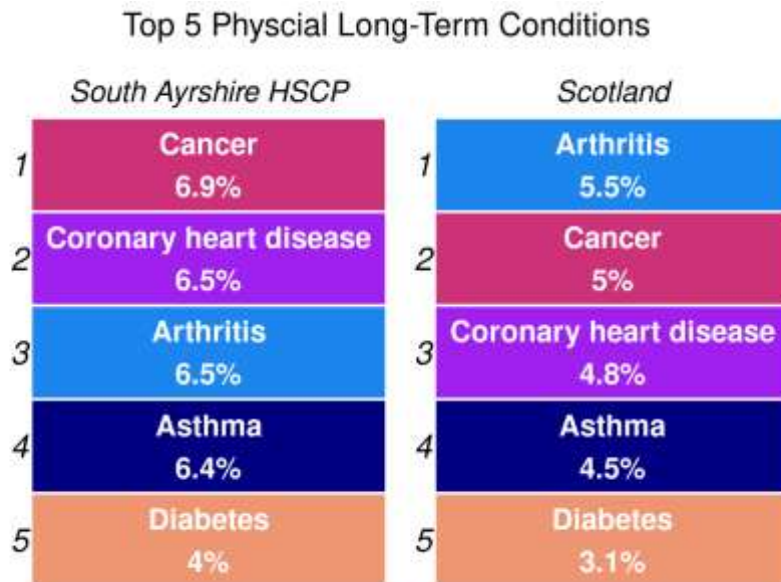
The co-occurrence of two or more conditions, known as multimorbidity, is broken down in figure 13, distinguishing between age groups. Note that this chart *excludes* the population in the partnership who do not have any physical long-term conditions. The figure below therefore shows that among the people who have a LTC, **22%** of those under the age of 65 have more than one, compared to **56%** of those aged over 65.

Multimorbidity of physical long-term conditions by age group in 2018/19.



Most common physical Long-Term Conditions (LTCs)

Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).



DRAFT

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.

Recognition, advice and support for people who look after a family member, good friend or neighbour are at the heart of a new five-year Strategy to support adult carers in South Ayrshire.

South Ayrshire Health and Social Care Partnership (HSCP) has joined forces with local partners, including South Ayrshire Carers Centre, Crossroads and Ayrshire Hospice, staff and carer's to produce South Ayrshire's Adult Carers Strategy 2019 - 2024. The Strategy was officially launched on 14 June 2019, during Carers Week, and sets out a range of approaches to identify and support carers; taking into account the recent changes in legislation due to the Carers (Scotland) Act 2016. At the time of the latest Scottish Census (2011) there were 11709 carers providing care in South Ayrshire. The Strategy is aimed at helping these unpaid carers, by developing a strong support network which will ultimately enable them to continue in their caring role.

The Strategy aims to ensure that: carers are identified and supported; feel involved and well informed; and are supported to maintain a healthy and happy lifestyle outside of their caring responsibilities.



93% of carers who care for a person receiving services from the Partnership stated that they felt supported to continue in their caring role.

There was a **189% increase** 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.

Prestwick Carers Day 2019

The tireless work of carers who put the lives of others before their own has been celebrated in South Ayrshire. Carers Day was held at Prestwick Academy on 4th October 2019, with the event recognising carers and the contribution they make to their families and communities.



To help break down barriers and raise awareness of available local networks the event was supported by the South Ayrshire Health and Social Care Partnership; Crossroads; South Ayrshire Carers Centre; South Ayrshire Dementia Support Association (SADSA); and South Ayrshire Life.

OUTCOME 7: PEOPLE ARE SAFE

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



There were **1151 Adult Protection Referrals** during 2019/20 which is an increase of 21 %

Response rates to protection concerns (inquiries completed within 5 working days) have decreased from 83% in 2018/19 to **75% in 2019/20.**

There were **1151 Vulnerable Adult referrals** during 2018/19 which is an increase of 20% on the previous year of 815.

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

The rate per 1000 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 poly-pharmacy and high dependency ratio, reducing or maintaining the number of people attending with a fall, is challenging and requires continued focus.

HARP has enhanced the South Ayrshire 'Health Programme' by using a person centred approach and allowing people with cardiac, stroke, cancer, pulmonary or diabetic conditions to not only attend HARP classes but progress / attend additional activities including Invigor8, Weigh to go, Macmillan Move More, walking groups, general exercise classes, walking netball, gym, swimming, cycling groups and more.

Socialising and friendships are made within the classes therefore reducing loneliness, and improving mental health and wellbeing.

Oor Billy

In January 2019, Billy Herd, 77, was hospitalised due to a lung condition and later referred to Pulmonary Rehabilitation classes at the Biggart Hospital. After completing the programme, Billy was referred to our Sports Development Invigor8 programme. Whilst enjoying the class, Billy was searching for something more challenging and took the move to a Tier 2 HARP (Healthy Active Rehabilitation Programme) class a circuit based class for those living with Heart, Lung, Stroke or Cardiac history, which he enjoys immensely. Billy said, "The mix of exercise and social side is so beneficial."

"The class motivates me to do more active exercise, sometimes you get lazy just being in the house." - Billy Herd

Billy's first goal was to walk the length of Prestwick Promenade, then to walk 6K, before eventually taking part in the 10k Kiltwalk's Wee Wander, which he completed in April 2019. Billy credits the HARP classes for helping him achieve these goals and says he can now monitor how he is feeling more effectively.

In addition to HARP, Billy can either be found at the gym, the Ayrways Singing group run by VASA or volunteering for Ayrshire Cancer Support, the Ayrshire Hospice and Whitleys retreat!

If you think you or someone you know would benefit from attending a HARP class, find out more here or contact our Health Development Team on 01292 612 849 or at activityforhealth@south-ayrshire.gov.uk to book an assessment.

**Healthy Active
Rehabilitation Programme**

Exercise classes for those living with cancer, stroke, pulmonary or cardiac conditions who want to improve their health through regular physical activity.

Tuesday

Ayr - Citadel Leisure Centre 12.45 - 13.45
- Citadel Leisure Centre 14.00 - 15.00

Loans - Loans Community Centre (Cardiac) 19.00 - 20.00

Wednesday

Ayr - Citadel Leisure Centre (Swim Class) 09.00 - 10.30
- Citadel Leisure Centre (Low Intensity) 10.30 - 11.30
- Citadel Leisure Centre (Low Intensity) 11.45 - 12.45

Prestwick - Prestwick Community Centre 13.25 - 14.25

Thursday

Ayr - Citadel Leisure Centre (Gym Class) 14.00 - 15.00

Friday

Girvan - South Parish Church Hall 11.30 - 12.30
Ayr - Citadel Leisure Centre (Stroke) 12.30 - 13.30
- John Pollock Centre (Cardiac) 14.15 - 15.15

To book a pre class assessment please
Contact: 01292 269793 or
Email: activityforhealth@south-ayrshire.gov.uk to find out more

* £3.60 per class, though further discounts may apply

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.



Keep Safe is an Ayrshire wide initiative currently being implemented by the South Ayrshire Health and Social Care Partnership, Police Scotland and local providers to provide support and advice to vulnerable people within our communities.

Keep safer works with a network of local businesses to create safe places for disabled and vulnerable people to go if they are lost, scared, need help or if they are a victim of crime. Suitable premises identify themselves by displaying the Keep Safe/I Am Me window sticker. If a disabled or vulnerable person requires assistance, if they are lost, worried or need they can enter the premises displaying the sticker and will know that they will be offered help. Staff can assist the person, which may be something as simple as offering directions. If required, the vulnerable person can show their keep safe card which the member of staff can then use to get more information on their condition. Keep safe cards hold information about a

persons health, how they communicate and contact details of people who can help them. There are currently 21 South Ayrshire businesses/organisations registered on the Keep Safe database

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 SUREY RESULTS – iMATTERS (2019)

74% of employees would recommend the organisation as a good place to work. This is slightly higher than the results of the previous year for 2018 which showed 73% against this question. 1,468 Partnership staff were surveyed with 886 responses representing a response rate of 60%.

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	148
Moving & Handling	211
Medication	64
Food Hygiene	71
Skilled Dementia	47
Managing Difficult Epilepsy	10
Working with Difficult, Dangerous & Evasive people	37
3 Day Looked After and Accommodated Children	10
Child Mental Health	17
Disability Awareness in Child Protection	5
Impact of Poverty on Child	7
Parental Mental Health & Impact on	9

Child	
Motor Neurone Disease Awareness	2

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

The following table shows the number of staff that were completing an SVQ course in 2019-20:

Qualification	No. of Staff
SVQ Leadership and Management	1
SVQ 4 Social Services and Health Care	1
SVQ 3 Social Services & Health Care	3

Neglect Toolkit Evaluation

Neglect is extremely damaging to children in the short and long-term, it affects all aspects of a child's development. Practitioners often describe the high levels of anxiety they feel about such children and what they should do.

The neglect toolkit is a validated tool which has been adopted across South Ayrshire HSCP Children's Services as the main risk assessment process in the assessment of neglect, this will continue to be used within training to support an increased and shared understanding of neglect.

Training on the toolkit took place during 2018 and 2019 and an evaluation on the use of the toolkit was carried from October to November 2019. The toolkit is designed to provide practitioners with necessary knowledge to identify and respond to issues of neglect within the home environment. In addition it provides reassurance to Universal Services and that Social Work practice are responding to the needs of children living in neglectful home environments.

Early indications at this stage in the review suggest that the toolkit is being used in a variety of ways i.e. direct work with families, within supervision, team around the child meetings and to raise concerns.

PRACTICE TEACHING

South Ayrshire Health and Social Care Partnership has a well-developed practice learning programme offering practice learning opportunities for social work students to undertake work experience in a social work setting.

In 2019-20, 17 placements were provided in South Ayrshire. These placements are coordinated through two main intakes. The latter intake from January 2020 to May 2020 unfortunately experienced significant disruption due to the COVID-19 pandemic. In March 2020, the all Universities serving the West of Scotland took the decision to suspend placements with immediate effect. This was understandable as the safety of students and service users was paramount. This sudden reaction however provided no time for debriefing, discussion around cases and endings. We know for most students that this was upsetting and therefore our thanks go to colleagues for supporting students as best they could during this difficult time.

COVID-19 has also impacted on developmental work around practice teaching. The HSCP has been working in partnership with the University of the West of Scotland and Children and Adolescent Mental Health Services (CAMHS) to further develop integration and practice learning through enhanced student placement programmes. This programme builds upon South Ayrshire's Social Work Degree Programme and the BSc Mental Health Nursing Programme which are both delivered and supported by the University of the West of Scotland. The focus of the exchange programme is centred on Children's Services specifically around Children and Family Locality Teams and Child and Adolescent Mental Health Services (CAMHS). The main component of the programme enables students from Social Work to spend a proportion of their 2nd Year placement in the CAMHS Services. Nursing student who are in Year 2 or Year 3 and have CAMHS as their designated base placement will spend a proportion of their placement with the Children and Families Locality Team.

Placements are provided as an Experience and Inquiry Observation of Practice with the purpose of:

- Giving students a better understanding of legislation, social policy and the organisation.
- Understanding the role and remit of practitioners and how these structures can integrate and work more effectively for service delivery.
- Develop a greater understanding of people and their communities and how organisations serve and effect living experiences within the communities they serve.
- An understanding of inequality and disadvantage and where this comes from.
- Consider the structural and cultural issues which affect people's social functioning and their ability to be proactive citizens.

Students have been required to actively inquire about the organisations, its ethos and remit; and investigate how and why services within which they are based are delivered and, how service users are involved in informing delivery of service. Each student will be asked to produce a learning log on their experience and learning.

This programme is now in its second year and is progressing well. All Placements provided within this programme have been followed by focus groups across students and staff teams to explore this experience and capture this for ongoing evaluation and development. Early indications are that this is proving both beneficial to the students involved and to the wider staff teams. Our ambition is to complete

our evaluation of this work which we anticipate will provide a positive platform that we can build on to expand opportunities across the social work and nursing professions.

OUTCOME 9: EFFECTIVE RESOURCE USE

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

85% of adults supported at home agreed that their health and care services seemed to be well coordinated. This is higher than the national average of 74% across Scotland. (HCES)

27% of health and care resource in South Ayrshire in 2019/20 was spent on hospital stays where the patient was admitted as an emergency. This is the same as 2018/19 and is higher than the national average of 23%.

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE CORE INDICATORS

All HSCPs report on six key indicators agreed by the national Ministerial Strategic Group (MSG) for Health and Community Care. The current set of indicators reported to MSG originated from the Health and Social Care Delivery Plan published in December 2016 covering:

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 (proportion of last six months spent in the community); and**
6. **The balance of spend across institutional and community services (proportion of 65+ population living at home).**

The data is gathered nationally and, while this usefully allows for benchmarking across HSCPs, it is recognised locally and nationally that these indicators are skewed towards hospital care and that further work is required to build comparable data that can be analysed across social care.

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 with the exception of 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.

Table 1: South Ayrshire Progress Against MSG Indicators 2019/20 (Aged Under 18) (ISD July 2019 Release)

NO.	MEASURE	OBJECTIVE FOR 2019/20	ACTUAL PERFORMANCE	OBJECTIVE STATUS
1	Unplanned Admissions	2% decrease	10.7% decrease	✓
2	ED Attendance	Reduce growth to 3%	2.2 % decrease	✓
3	Unplanned Bed Days (Acute)	Maintain at 0%	2.4% decrease	✓
4	Emergency Bed Days	62% decrease	78.7% decrease	✓

	(Mental Health)			
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Table 2: South Ayrshire Progress Against MSG Indicators 2019/20 (Aged Under 18) (ISD July 2019 Release)

NO.	MEASURE	OBJECTIVE FOR 2019/20	ACTUAL PERFORMANCE	OBJECTIVE STATUS
1	Unplanned Admissions	Reduce growth to 10%	6.3% increase	✓
2	ED Attendance	10% decrease	12.6% decrease	✓
3.1	Unplanned Bed Days (Acute)	1% decrease	5.6% decrease	✓
3.2	Emergency Bed Days (Mental Health)	19% decrease	30.7% decrease	✓
3.3	Emergency Bed Days (Geriatric Long Stay)	60% decrease	34% decrease	X
4	Delayed Discharges (All)	Reduce growth to 25%	56.5% 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 2019/20 (UNDER 18'S)	UNPLANNED ADMISSIONS 2019/20 (18 PLUS)
ACTUAL	1,810	15,396
TARGET	1,988	15,928

2.	ED ATTENDANCE 2019/20 (UNDER 18'S)	ED ATTENDANCE 2019/20 (18 PLUS)
ACTUAL	7,383	27,509
TARGET	7,779	28,333

3.1	UNPLANNED BED DAYS (ACUTE) 2019/20 (UNDER 18'S)	UNPLANNED BED DAYS (ACUTE) 2019/20 (18 PLUS)
ACTUAL	1,846	113,746
TARGET	1,880	119,229

3.2	UNPLANNED BED DAYS (MENTAL HEALTH) 2019/20 (UNDER 18'S)	UNPLANNED BED DAYS (MENTAL HEALTH) 2019/20 (18 PLUS)
ACTUAL	169	24,016
TARGET	302	27,841

3.3	UNPLANNED BED DAYS (GLS) 2019/20 (18 PLUS)
ACTUAL	7,197
TARGET	4,362

4.	DELAYED DISCHARGE (ALL) 2019/20 (18 PLUS)
ACTUAL	29,458
TARGET	18,826

5.	END OF LIFE CARE 2019/20 (18 PLUS)
ACTUAL	87.9% (Provisional)
TARGET	87.5%

6.	BALANCE OF SPEND 2019/20 (18 PLUS)
ACTUAL	tbc
TARGET	95.1%

DRAFT

CHILDREN'S OUTCOMES

Our children have the best possible start in life.

The percentage of babies who are exclusively breastfed at 6-8 weeks has increased over the past year from 20.5% in 2017/18 to 22.3% in 2018/19.

In addition to increased Health Visiting activity to improve breastfeeding rates and duration through universal and targeted support to families, work is underway in partnership with the Breastfeeding Network who have identified a Peer Supporter post which has been operational within South Ayrshire since February 2019. Working closely with the Infant Feeding Team based at Ayrshire Maternity Unit, targeted support is provided in the immediate post-natal period to women who breastfeed following caesarean section.

All schools and early years establishments have been encouraged to sign up to the Breastfeed Happily Here scheme. Across Ayrshire over 400 premises have signed up to the scheme demonstrating their support for breastfeeding women when they are out and about with their babies, helping normalise breastfeeding in our communities.



Fetal Alcohol Spectrum Disorder (FASD)

FASD can have a major impact on child development. Training is available to provide an awareness and understanding of FASD. The course provides information on:

- how alcohol may impact on fetal development
- what FASD is and the difficulties that those affected may experience; and
- strategies to support individuals that display characteristics.

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 2016/17 to 2017/18, the overall percentage of those reaching the developmental milestones at the time of their 27-30 month review has increased from 69.2% to 75.5%. The overall number of reviews has decreased and the number of those reaching milestones has risen from 702 in 2016/17 to 738 in 2017/18. 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 P1

The percentage of children with a healthy weight in P1 continues to be above the national level and has increased from 78.0% in 2017/18 to 78.3% in 2018/19 in South Ayrshire. The national figure across Scotland was 76.6% in 2018/19. 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 Programme

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.



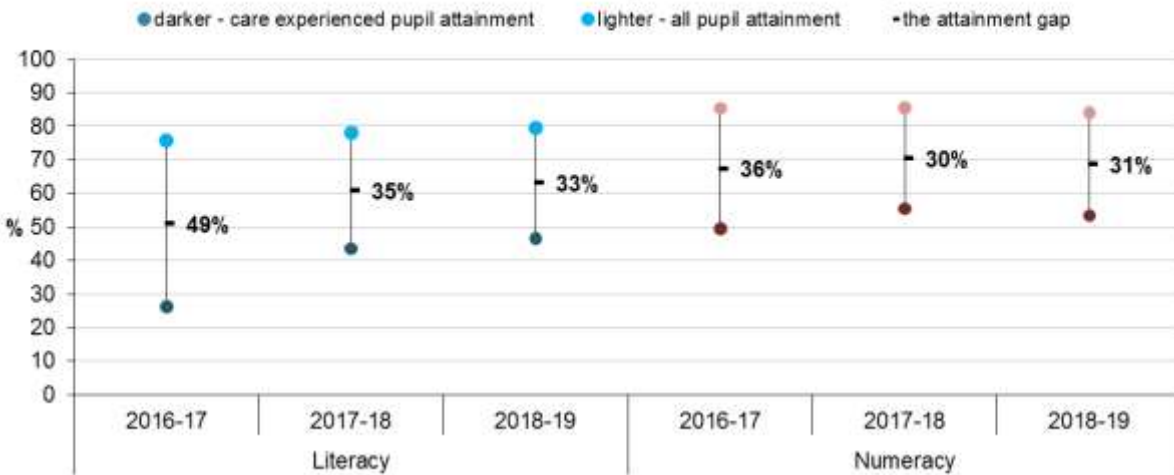
The Childsmile Team is working with service providers in South Ayrshire to introduce a local programme of activity which will support the national / core components of their work plan for 2020/23. This work plan will be finalised by end March 2020 and circulated to partners/ service providers for information/ further input where appropriate and possible.

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

Attainment of care experienced children and young people

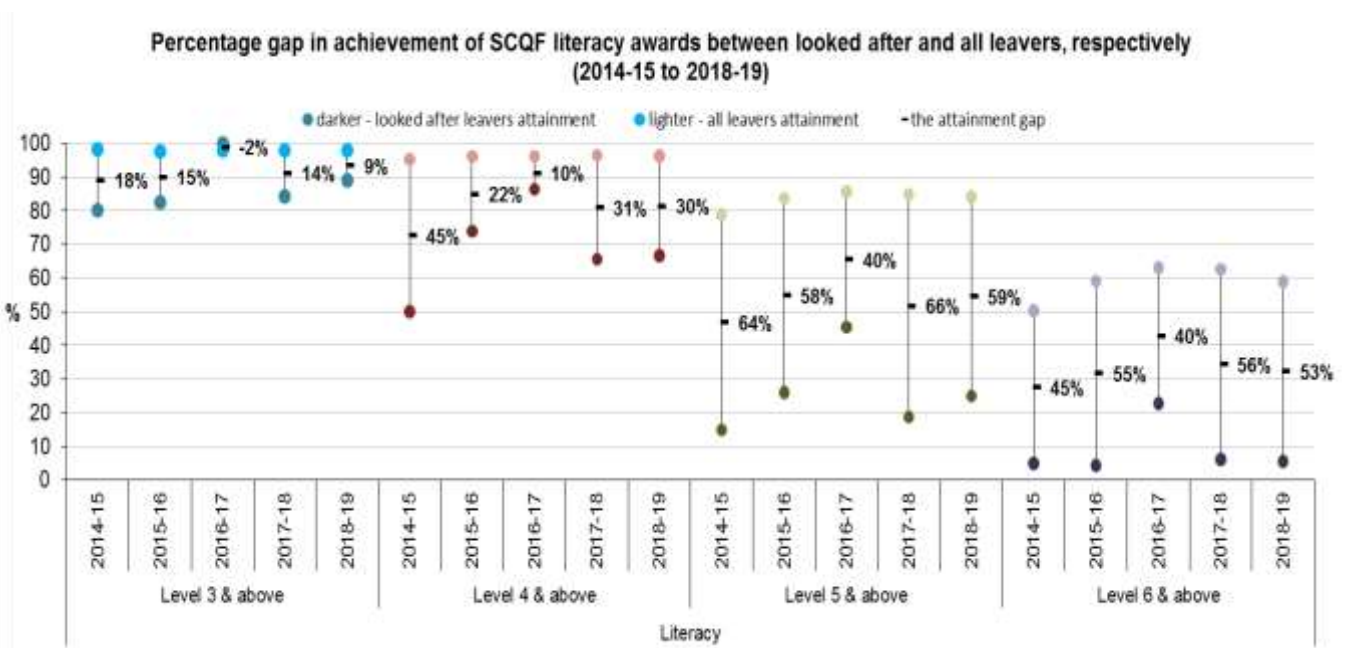
The undernoted chart shows a narrowing of the literacy gap in real terms as the attainment of all children that of care experienced* has increased over the period. Numeracy shows a similar picture, however, attainment has dipped slightly for all children and young people and the care experience group in the most recent year which has resulted in a nominal opening of the gap.

Gap in CfE achievement between care experienced and all pupils in P1, P4, & P7 combined (2016-17 to 2018-19)



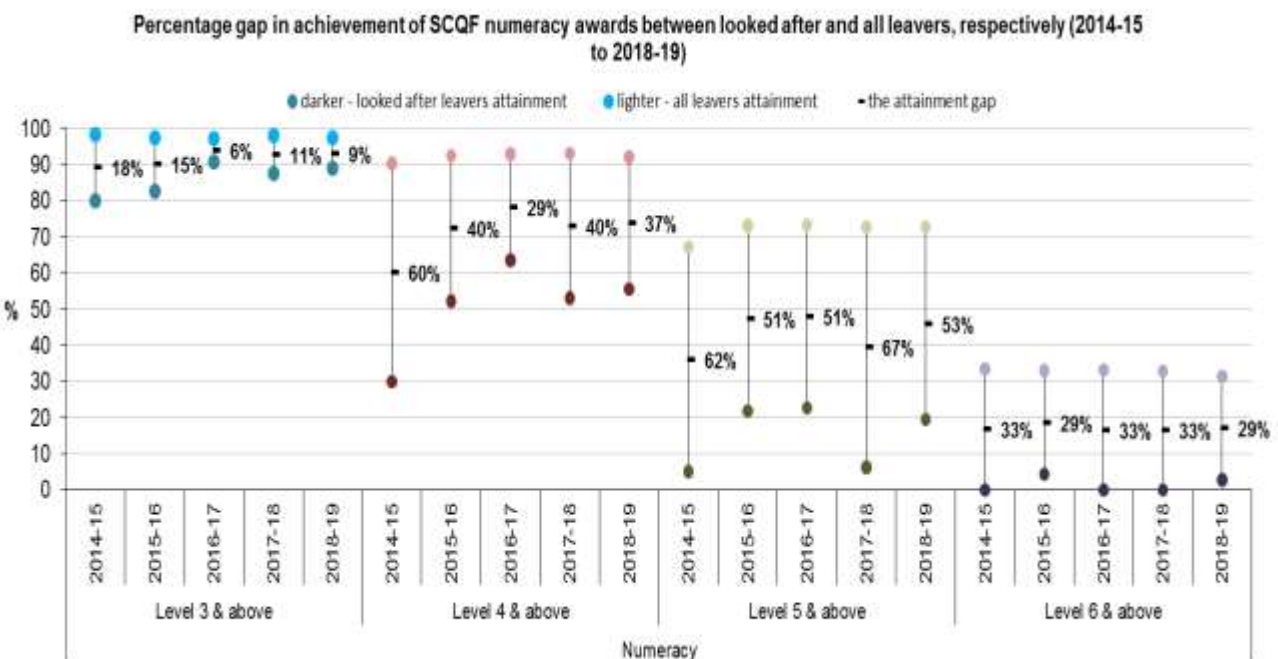
* The CfE data is for all care experienced children i.e. looked after at home, looked after away, and previously looked after.

The achievement gap between looked after** and all leavers' in Scottish Credit and Qualification Framework (SCQF) literacy awards has narrowed for each level in the past year following an opening of the gap in 2017-18. Generally, this has been driven by looked after achievement increasing except for level 6 and above where a decline in the achievement of all pupil's achievement was responsible.



** The senior phase leavers' data is for looked after young people i.e. looked after at home and looked after away.

As with literacy, the gap in numeracy achievement narrowed in the recent session across all levels. Although general attainment fell marginally at some levels this reduction was primarily driven by increased looked after** leavers' achievement.



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

CHILD PROTECTION



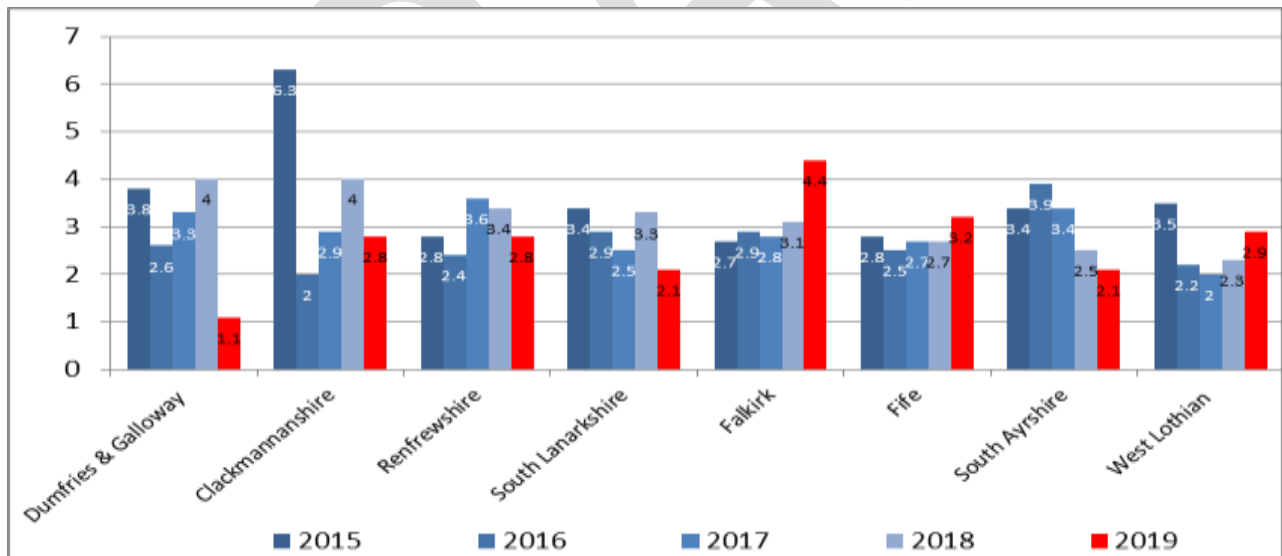
Children are placed on the child protection register when there are significant concerns for their safety. Children on the register will be subject of close monitoring and support with a multi-agency plan to effect changes to reduce risk.

Children on child protection register: Rate per 1000 of 0 to15 population

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

There has been a decrease in the number of children registered on the child protection register from 60 (3.4 per 1,000 of the 0-15 population in 2017) to 44 (2.5 per 1000 of the 0-15 population) in 2018; this compares with 2.8 per 1000 in Scotland as a whole in 2018.

The latest available benchmarking data was published in March 2020 based on data as at 31st July 2019. There has been a further reduction in the South Ayrshire rate of Children on the Child Protection Register between 2018 and 2019, from 2.5 to 2.1 per 1000 population aged 0-15. In 2017 South Ayrshire had the second highest level out of the benchmarking family group however in 2019 had the joint (with South Lanarkshire) second lowest level. The national rate across Scotland for 2019 was 2.8 which is a slight decrease from the rate in 2018 of 2.9.

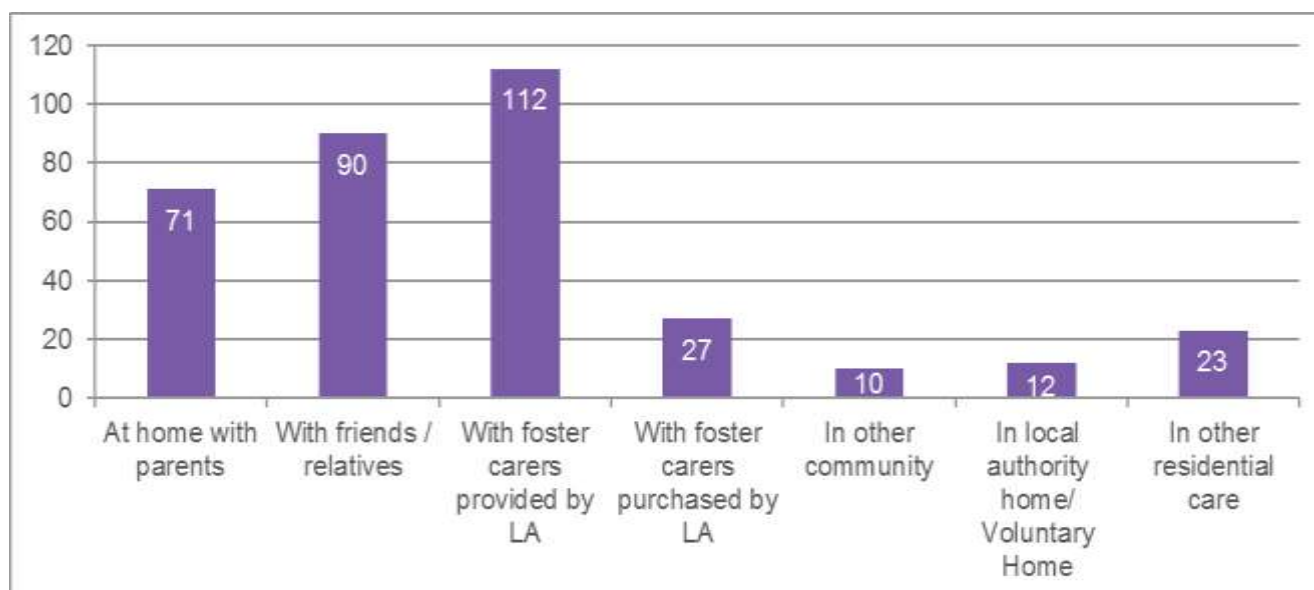


LOOKED AFTER CHILDREN

At 31 July 2019 there were 345 children and young people looked after by South Ayrshire. This represents 1.8% of the 0 to 17 year population compared with 1.3% nationally (excluding Glasgow). The majority of looked after children and young people were boys (58%) and 19% were under five years of age.

	2015	2016	2017	2018	2019
No. of Looked After Children in Authority	330	384	370	355	345
Scotland	1.6%	1.9%	1.8%	1.8%	1.8%

As at 31st July 2019, the majority of children (90%) are being looked after in the community either at home with their parents, with friends/relatives or with foster carers. 10% of children looked after are in residential accommodation.



South Ayrshire Champions Board

Participation Assistants, Modern Apprentices and volunteers with South Ayrshire Champions Board have been working on their personal leadership and self-management skills by taking part in regular 'Living Life to the Full' CBT programme of mental health self-management in partnership with Ayr Action for Mental Health. Soundlab and Gaiety Theatre Outreach have delivered a programme of activity in partnership with 30 young people attending Champions Board groups using the creative arts to develop individual leadership and 'agency' amongst young people with care experience.

The Champions Board worked with South Ayrshire's Chief Social Work Officer, Head of Service Children's Health, Care and Justice Services, Learning and Development Officer and 3rd Horizons to deliver and participate in a Systems Leadership programme for all Children's Health, Care and Justice Services managers. A total of 35 staff members including participation assistants and modern apprentices from the Champions Board have taken part in the sessions. One of the key tasks created from these sessions is the development of a *Champion of Champions* network to encourage wider participation across Children's Health Care and Justice Service staff teams. Feedback from the Champions Board included "seeing we all have shared hopes and dreams for young people" and "I feel comfortable with the service managers now and I feel more confident in having my say knowing I will be accepted and heard."

The Champions Board gave out 64 small grants totalling over £10,000 have been distributed to young people with care experience aged 14-26 yrs.

South Ayrshire Champions Board joined with the Corporate Parenting Group and the Chief Social Work Officer to co-host South Ayrshire's first 'new look' Corporate Family meeting in July 2019. 73 corporate

parents attended the meeting which showcased examples of good Corporate Parenting from across South Ayrshire including a short animation on care based language produced by the Champions Board.



The second meeting of the Corporate Family took place in January 2020. The Family Firm team led the session in which was attended by 54 corporate parents. This session showcased the corporate parenting work undertaken by Employability and Skills Development Scotland.

CHILD POVERTY

South Ayrshire's rate of child poverty AHC (24.36%) is the **10 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.

AHC- After Housing Costs

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.



Improving housing outcomes for care experienced young people

Positive progress continues to be made in South Ayrshire to support young people leaving care to develop the skills to avoid homelessness, live interdependently and reach their full potential. The Improving Housing Outcomes for Young Care Leavers Group continues to meet on a 6 weekly basis.

Housing Services are currently undertaking a review of their housing support contracts which are due for renewal in October 2020. It has been agreed that the external housing support contracts in place with the HSCP for young care leavers will also be reviewed in line with these main housing support contracts. The First Home Project delivered by Ayr Housing Aid is demonstrating success.

Housing are currently reviewing the Housing Allocations Policy which will ensure needs of young care leavers are incorporated with young care leavers being identified as a priority group.

Case study

An amazing piece of social work was carried out by a member of the Children and Families Social Work team. The team made a recent trip to Uganda to reunite a child with their mother.

The team were in Uganda for five days and in that time reunited the child with their family. The team visited the British Consulate in Kampala to register the child as a British national and met with doctors to ensure that they will continue to have the medication they require. They also visited four schools in order to choose the correct school to meet the child's educational needs.

There was a huge amount of preparation work undertaken with relationships established with consulate staff, medical staff and school staff prior to the journey. When meeting the child's mum, it was also very evident the warm and positive relationship that had also been established.

All of the outstanding work that was undertaken in the months leading to this was vital in achieving an exceptionally positive outcome for this young person. This is in no small part attributed to the member of staff's warmth, skill, knowledge and kindness.



Young Carers

There has been significant recent work developing the local Young Carers Statement, the Team Around the Child Guidance and pathways to support the implementation as well as information and awareness raising sessions.

Young Scot launched the Young Carers Package of Non-Cash Benefits and Young Carer Grant in June 2019 for young carers aged 11-18. This explicitly links to the national Young Scot Card. Work is on-going with the National Lead of the Young Carers package to promote the package and some of the opportunities available through it.



Young carers in South Ayrshire now have the opportunity to receive free access to Sport and Leisure memberships through South Ayrshire Council's Activ8 scheme. Any young carer (aged 8 to 18 years, or 18 years and in full time education) who is registered with South Ayrshire Carers Centre can sign up to South Ayrshire Council's Sport and Leisure 'Active8' scheme. This was formally launched on 1st November 2019

The young carers website (<https://www.south-ayrshire.gov.uk/carers/young-carers.aspx>) 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.

COMMUNITY JUSTICE OUTCOMES

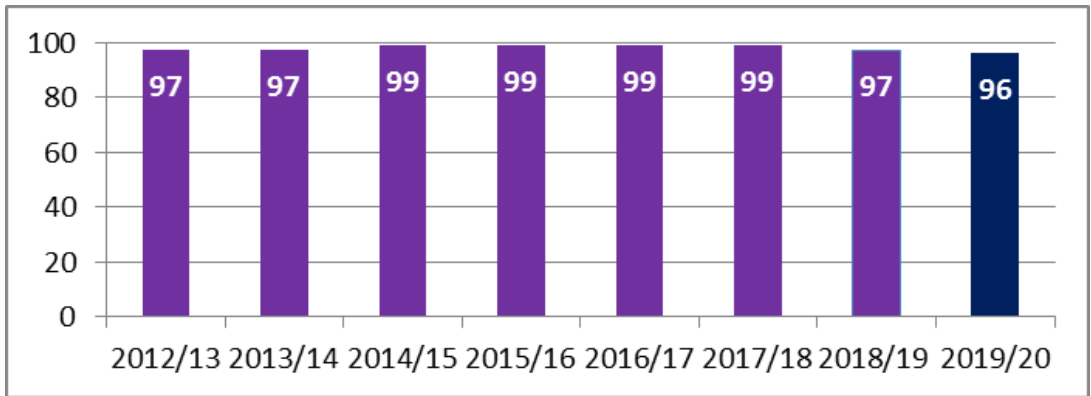
The National Outcomes for Community Justice Services, as detailed on page 5, are the Scottish Government’s high-level statements which aim to gain and sustain the public’s confidence in the work of Justice related services through promoting the values of safety, justice, and social inclusion.

Performance against the National Outcomes for Justice Services

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

Community safety and public protection.

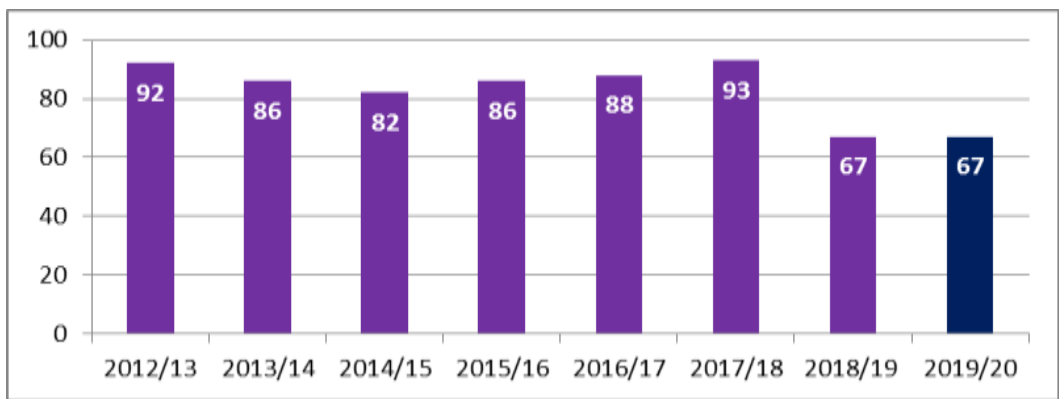
% of Criminal Justice Social Work Reports submitted to court by due date.



In 2019/20, 96% of Criminal Justice Social Work Reports were submitted to court by their due date which is a slight reduction on the previous year’s performance of 97%. The reports which were not submitted by 12 noon on their due date were lodged on the afternoon of the due date

The reduction of reoffending.

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

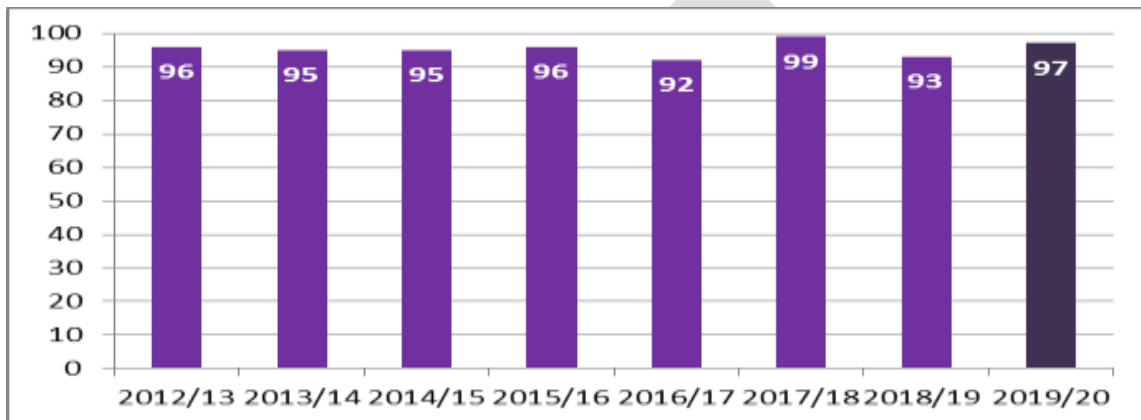


In 2019/20, 67% of individuals placed on a Community Payback Order with a requirement of unpaid work attended their first work appointment within 7 days of their court appearance.

Where targets were not met this was due to such issues as service user's failure to attend as instructed, period of custody, already undertaking hours on a previous order and first direct contact being delayed.

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 2019/20, 97% (of individuals placed on a Community Payback Order with Supervision Requirement were seen within 5 days of their court appearance which is an improvement on 93% during 2018/19. Where timescales were not met this was due to the fact that orders has been made at courts outwith the area and due to a service user being in custody and a delay in the first contact being made.

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.

The overall financial performance against budget for the financial year 2019-20 was an underspend of £0.411m, (£0.694m underspend in Health offset with a £0.283m overspend in social care services). This position includes a pay back of £0.291m of the £3.277m debt, the remaining balance will be paid over the next three years. The underspend of £0.411m has been earmarked for various commitments in future financial years including Alcohol and Drug Partnership, Primary Care Improvement Fund and Mental Health Action 15.

The main financial variances during 2019-20 are noted below:

Community Care and Health overspent by £0.852m. This was exacerbated by transfer of funding from Biggart Hospital to provide for beds in the community. However, beds remained opened in the Hospital to relieve pressure within acute settings, bank staff were used to support the unfunded beds and support patients requiring an increased level of nursing care.

Mental Health Services – underspent by £0.959m mainly due to less than anticipated demand for social care packages together with a number of high cost care packages ceasing during the year.

Children and Justice Services – overspent by £0.939m due to demand in residential and familial placements with providers based out with the local authority, this type of care is more expensive. During the year progress has been made to reduce these placements providing better outcomes for the children and reducing costs at the same time.

There was significant progress during 2019-20 in implementing new ways of working, focusing on early intervention and prevention and transferring care to community settings, however the full financial impact of this work will not be seen immediately. The increasing demand on older people's services, has meant the eligibility criteria for statutory care has remained at critical. The change in focus of children's service to early intervention approaches, led to a reduction in young people placed in outwith authority placements towards the end of the year, the financial impact of this has been factored into the Budget for 2020-21.

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 2019-20 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2020-21.

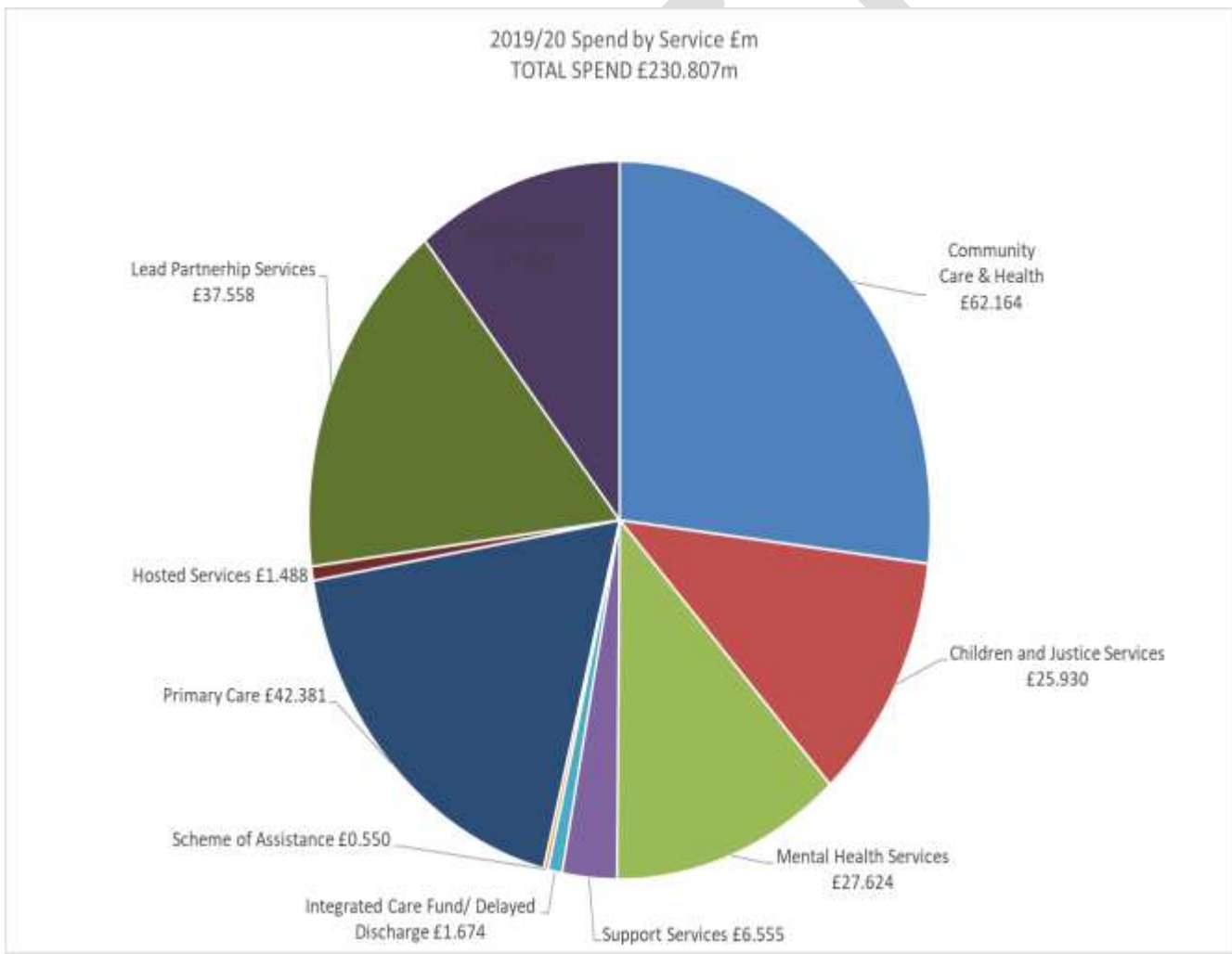
Key successes for 2019-20 include:

- Repayment of the outstanding debt to the Council has commenced, although less than the £0.819m planned, a contribution of £0.291m was made to the outstanding debt.
- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities.
- Savings totalling £4m were delivered in-year, against an approved savings plan of £5.5m, £1.2m of these savings have been addressed in the 20-21 budget.

- Progress with reducing the financial overspends in 2019-20 which will have an impact on the financial plans and sustainability for future years.
- Social Care services supporting older people in the community remained within budget, following a significant overspend in prior year.
- Approval of Medium-Term Financial Strategy, including transformation activities.
- Review of the Integration Scheme.

FINANCIAL REPORTING

Financial monitoring reports were presented to the Integration Joint Board throughout the year. A full analysis of the financial performance for 2019-20 is detailed in the [Financial Outturn 2019-20 report](#). The chart highlights the spend by service this year.



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 are detailed in the table below from

2016/17 to 2019/20.

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

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

The IJB Performance and Audit Committee met four times throughout the year. It considered progress reports on the implementation of the IJB Strategic Plan for 2018-21, and reviewed progress reports on last year's approved strategy documents, including Adult Learning and Disability Strategy and Community Mental Health Strategy.

The Committee approved the implementation plan for a Resource Allocation System, a tool used to support Self Directed Support principles. The Resource Allocation System will provide users of social care service with an estimated budget based on their assessment of need, the budget can then be used as a guide of how much financial resource is available to plan and direct their care.

Service Performance Reports are presented at the Committee measuring performance against target and reports presented from Inspection Bodies on the performance of our directly provided and commissioned services.

During the year progress was made in the implementation of a computerised information system for social care designed to improve access to information, reporting and overall efficiency. A new electronic monitoring and scheduling system has been rolled out within our internal care at home services, providing

an efficient way of allocating care electronically and use of mobile phones to keep home carers updated and safe when lone working.

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COMMUNITY ACTIVITY

A vibrant and engaged community is vital to the improvement of outcomes for citizens across South Ayrshire and the community activity outlined below provided some key highlights. We work closely with the local authority and community planning partners including, in particular, our third and community sectors to build capacity and we depend on this work to maintain and build on the work of the Partnership.

Locality Planning

- Overall the 6 Locality Planning Groups have continued to meet and consider the identification and addressing of local priority issues.
- They have also played a full part in considering emerging HSCP strategies and plans and the arrangements for Primary Care and Caring for Ayrshire
- Priorities
 - Local priority issues have included supporting carers, mental health, social isolation, dissemination of local information and dementia related work.
- Local Carers Days
 - Prestwick has organised Carers Days for the past few years and continues to do so
 - Other LPGs have now started to develop similar days, for example, Girvan/South Carrick held a successful day for carers in Carrick Opportunities in 2019 – see pic below



- Over a period in 2019, a review process took place to seek to identify ways to strengthen our arrangements for locality planning. The recommendations that were generated were endorsed by the IJB in December 2019. The implementation of these new arrangements will take place when in situ meeting arrangements are possible.
- Local activity by LPG
 - Troon
 -
 - Prestwick
 - Supporting carers and developing links with employers re carer support
 - Ayr North
 -
 - Ayr South
 -
 - North Carrick
 - Dementia Friendly North Carrick development work
 - Community Listening project
 - South Carrick
 - Local newsletter
 - Continuing to support the Community First Responders
 - Dementia related work

- Addressing local youth health service needs
- Supporting carers

Participatory Budgeting/Decision Days

- Utilising HSCP and Council monies, local Participatory Budgeting arrangements were put in place, mainly in Spring 2019/20, culminating in 6 Locality based Decision Days.



- The local events attracted around 1000+ local voters (typically around 200 folk) and involved 123 projects ‘pitching’ (in Market Place style) and with 104 projects wholly funded and 5 partially funded
- The events allowed a range of informal networking, information dissemination, consultation and engagement for example:
 - Tesco’s community funding
 - Caring for Ayrshire
 - Primary Care
 - Period Poverty
- The types of projects funded followed locally identified priorities and are very diverse but, for example:
 - Dementia related work, training, activity, materials, transport
 - Community Defibrillators
 - Local transport initiatives
 - Junior Road Safety
 - Supporting young autistic adults
 - Low level exercise
 - Social activity for older people
 - Mental health related work
 - Community growing projects

- One of the events also had a strong link (and additional funding from ADP) and supported some focused projects on supporting those with addiction

Prestwick Decision Day



Tron Decision Day



Community Led Support

- South Ayrshire Connect sites continued in a range of community venues
- A new site was the Better Health Hub which was launched at Biggart Hospital and links Community Led Support to wider Public Health information support.



Dementia Friendly South Ayrshire

- The HSCP continued to support the overall co-ordinating group for dementia friendly work
- The HSCP and local DF Groups contributed to the organisation of a major conference with the Life Changes Trust attracting nearly 200 participants and preceded by local story telling sessions to identify key local issues



- At the event (pic above) Life Changes Trust a local funding source to support dementia work across Ayrshire
- South Ayrshire groups attracted around £65k from this funding to support work in Troon, Prestwick, Ayr, North Carrick, with SADSA and to support the publication of a book produced by a local young person to support inter-generational work on dementia
- Local Dementia Friendly work continued in localities and through thematic work.
- The HSCP supported a short term worker who carried out some development work to support dementia friendly work in Ayr
- Troon
 - Training and awareness raising
 - Dementia Friendly allotment and howff
 - Relaxed golf
 - Some work using a local third sector cafe
- Prestwick
 - The local Dementia Friendly walks have grown and Prestwick is about to have the first dementia friendly promenade in Scotland
 - The Cycling without Age (Tri-shaw) project continues
 - The Carlton Hotel launched the first Dementia friendly hotel room in Scotland
 - Until covid the Relaxed Cinema continues to draw many folk
 - New work includes developmental work to develop a 'Meeting Space', Bags of Support (during covid) and a local knitting project
- North Carrick
 - The main focus has been training and the building up of a local Dementia Friendly North Carrick Group (now with funding from Life Changes Trust)
- South Carrick
 - The local Town Team are leading significant local work to support those with dementia such as awareness raising and training; work with supermarket; relaxed golf; drop-in; men's shed activities
- In addition significant 'thematic' dementia work continues to develop, for example, through SAC Leisure, Library and Trading Standards; through Ayr United Football Academy (including the

Football Memories sessions); Ayr Gaiety, VASA and others and including a range of activity organised through Alzheimer Scotland

Making Connections – Sharing Practice event



- The HSCP organised a significant event in October 2019 based at Walker Hall Troon
- The events targeted staff, partners and wider community members and was intended to share information on services and showcase some new projects and developments in seminars
- South Ayrshire Connect – Making Connections, Sharing Practice showcased over 70 organisations/services through a Market Place as well as a Seminar programme with around 35 inputs on good practice. Over 200 people attended.



Comments from participants:



Strictly Seniors



Strictly Seniors 7 was produced and circulated in Spring 2020. This magazine sets out a range of information on supports and services for older people. 5,000 of these resources have been disseminated.

Communities and Population Health

The HSCP played a significant role, alongside Public Health and other colleagues, in the establishment of a new Community Planning Partnership Strategic Delivery Partnership – Communities and Population Health. This brings together a range of statutory and third sector partners to support wider public health activity, particularly linked to locality based activity.

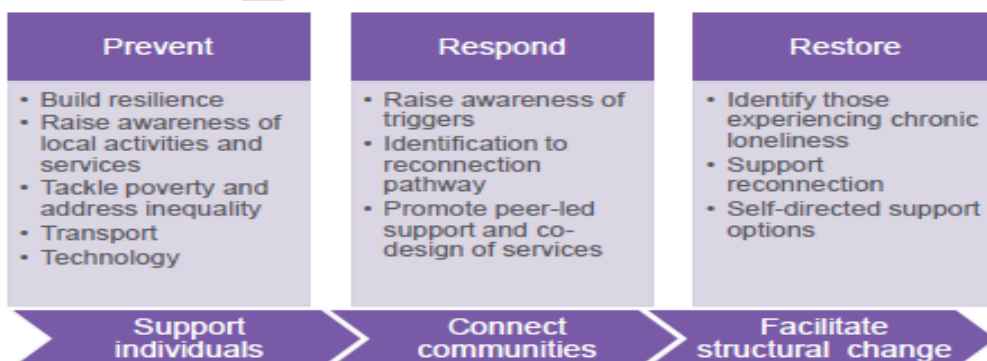
Working with VASA

The HSCP continued its positive relationship with VASA and the associated work on, for example:

- Third sector leadership and engagement including new Provider Forums
- Information support not least South Ayrshire Life (web-site, phone and in situ service) and Strictly seniors
- Key services such as a new Ageless and Active older people's network, FootcAyr, transport, activities, etc

Social Isolation and Loneliness

The Social Isolation Strategy 2019-2027 for South Ayrshire was approved in July 2019. It has an initial focus on supporting older people who are lonely and /or isolated and has a linked implementation plan setting out activities under the themes:



PARTICIPATION, CONSULTATION AND ENGAGEMENT

Effective participation and engagement is at the very heart of achieving of the vision 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.

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; and
- sets out how we will further improve the effectiveness of our communication activities.

During the year the **Adult Carers Strategy** for the period 2019-2024 was launched. This was developed in collaboration with carers, staff and partners including South Ayrshire Carers Centre, Crossroads and Ayrshire Hospice. Carers make an invaluable contribution to supporting those in their local communities. This year local carers days were hosted to celebrate and highlight their work. The Carers Centre have a worker based at Ayr Hospital assisting with hospital discharges alongside the social work team, this pilot approach is aimed at supporting families through the process, offering advice and support.

All HSCP strategies and key documents were engaged on in keeping with this strategy but 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.

CLINICAL CARE AND GOVERNANCE

The South Health and Social Care Partnership has revised and further developed its Quality Governance Framework for oversight of clinical, financial and staff governance to provide assurance and continual improvement in the delivery of integrated services.

There are a range of groups in place and in 2019/20 the Clinical and Care Governance Group provides quarterly reports on all incidents and complaints reviewed to the Clinical and Care Governance Committee.

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 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 positive 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 Alcohol and Drug Partnership Strategy 2018-21	17 th April 2019
Approved the South Ayrshire Health and Social Care Partnership Strategic Risk Register	17 th April 2019
Approved the acquisition of a work scheduling system for the South Ayrshire Health and Social Care Partnership Care at Home Service from CM2000	17 th April 2019
Approved the Adult Carers Strategy 2019-2024	16 th May 2019
Approved the South Ayrshire Partnership Workforce Plan for 2019-2022	16 th May 2019
Approved the South Ayrshire Health and Social Care Partnership IJB Budget for 2018/2019	26 th June 2019
Approve the Social Isolation Strategy and Action Plan 2019-2027	26 th June 2019
Approved Audited Annual Accounts and Management representation letter for 2018-19	4 th September 2019
Approved the Ministerial Strategic Group Action Plan	4 th September 2019
Approved the South Ayrshire Health and Social Care Partnership Annual Performance Report for 2018/19	9 th October 2019
Approved the Alcohol and Drug Partnership Annual Report 2018/19	9 th October 2019
Noted the content of the Chief Social Work Officer Annual Report	6 th November 2019
Approved the Medium Term Financial Strategy	17 th December 2019
Noted the funding of three transformational proposals for the Health and Social Care Partnership's Children and Families service which will be funded from the Efficiency and Improvement Fund, the Repairs and Renewal Fund and core Health and Social Care Partnership budgets.	19 th February 2020

The management structure of the partnership saw a few changes during the year starting with a new Head of Service for Children, Families and Justice Services appointed in May 2019. Towards the end of the year the following posts were also filled: Chief Social Work Officer, Senior Manager Planning and Performance and Chief Finance Officer in February 2020. The structure 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 new appointments will better support the transformation agenda and enhance governance and regulatory requirements required to be adhered to effect change.

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INSPECTION OF SERVICES

In 2019/20, **8** Local Authority care services were subject to unannounced inspections by the Care Inspectorate.

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

Excellent	Very Good	Good	Adequate	Weak	Poor
6	5	4	3	2	1

N/A = Not Assessed

All grades of good and above 

The majority of services either showed improvements or maintained the high level of grades assigned in previous inspections.

The table below shows the grades assigned for each service in 2019/20 compared to the previous inspection grades.

Hillcrest Residential Unit

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
November 2019	Very Good	N/A	N/A	N/A	Very good
September 2018	Excellent	N/A	N/A	Very Good	Excellent

South Lodge Care Home

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
July 2019	Good	Good	Adequate	Adequate	Good

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
July 2018	Adequate	Adequate	Adequate	Adequate

Chalmers Road Learning Disability Respite Unit

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
November 2019	Good	N/A	N/A	N/A	Very Good

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
April 2018	Very Good	N/A	Very Good	N/A

Arran View – Learning Disability Day Care

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
April 2019	Very Good	N/A	Very Good	N/A
March 2016	Very Good	Very Good	Very Good	Very Good

Overmills Day Care for Older People

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
April 2019	Very Good	Very Good	Very Good	Very Good
April 2016	Good	Very Good	Good	Not Assessed

South Ayrshire Care at Home

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
February 2020	Very Good	N/A	Very Good	Very Good
November 2018	Good	N/A	Good	Good

Sundrum View Children's House

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
December 2019	Very Good	N/A	N/A	N/A	Very Good

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
November 2018	Good	Very Good	Good	Good

Cunningham Place Children's House

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
January 2019	Good	Very Good	Good	Good
February 2018	Adequate	N/A	Adequate	N/A

Inspection of the Children's Houses

This year our Children's Houses were inspected. The Inspection focused on how well the children and young people's wellbeing is supported and how well the care and support is planned. The Care Inspectorate saw young people developing positive relationships with their carers who knew them well. Young people said they felt safe and had someone they trusted to turn to when troubled. The Care Inspectorate reported a culture of respect within the service with carers promoting an environment free from discrimination.

Young people benefited from effective support to understand and exercise their rights. Carers had supported young people as they explored their personal identity and developed through adolescence and young adult relationships. Carers were respectful of the heritage and cultural background of young people and their families. This had supported young people to engage with the service at a pace that was right for them and promoted positive outcomes.

There was a shared vision about the philosophy of approach which was understood by all staff and translated into all aspects of care. This meant that young people consistently experienced nurturing, therapeutic care and support. The philosophy of care was also extended to staff.

The Care Inspectorate saw very good examples of planning for transitions to and from the service which took account of individual needs as well as the heritage and culture of young people and their families. This improved engagement with the service and supports offered and promoted positive outcomes for young people.

South Ayrshire Care at Home – Helpful , happy, always smiling and caring.



The Care Inspectorate rated our Care at Home Service as “Very Good” following an unannounced inspection in February 2020. They recognised the quality of work undertaken by our teams and rated the series as very good in all 3 categories they assessed: quality of care and support; quality of staffing and quality of management and leadership. The inspection report highlights the improvements made by the services since it’s last inspection in 2018, when it was rated as “good” across all 3 categories.



Overmills Day Service

People told the Inspectors that they were very happy about the service and were in high praise about staff.

“Look forward to coming to Overmills to meet friends and join in various activities”.

“My wife gets a break and I look forward to my days here”.

“Couldn’t get any better”.

“The service is very good. I feel confident to talk to staff and management about anything. I love attending and socialising with others- Great Service”.

“I look forward to my days at Overmills. I don’t know what I would do without it. I’ve lots of new friends now since I started at Overmills”.



One of the Scottish Governments suite of National Indicators is the proportion of quality themes evaluated as “good (4)” or above by the Care Inspectorate. Of the services inspected during 2019/20 **both** Local Authority care services and Externally Commissioned services **80%** were evaluated as being good or above.

IN YEAR PROGRESS AND YEAR AHEAD

Impact of COVID19

This report covers the period to April 2020 therefore the subsequent activity of the HSCP has focused largely on responding to COVID19 and adapting to the physical distancing restrictions in place across the country. In response to the pandemic, we have 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 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 and waiting times for key services.

As the scale of the outbreak intensified, and working from home became the new normal for the team daily teleconferences are now held to discuss key issues as they are emerging and planning implementation of the specific national guidance as it is being produced.

Mobilisation

A local mobilisation plan was created, detailing the financial impact of the activity necessary to respond to Covid-19. The most recent submission by South Ayrshire HSCP estimates a cost of £5.595m to the end of the year. The costs are continually changing as new guidance and policies emerge. 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. Included in the plan are the additional costs the HSCP will incur as a result of managing and responding to the pandemic, most significant costs are PPE, additional staff costs to cover absence, additional care home and care at home placements to facilitate delayed discharges and payments to commissioned providers to ensure financial sustainability.

Within South Ayrshire the delayed discharges at 4 March were 76. As at the 22 April they had reduced to 27, a decrease of 64% in line with expectations of Scottish Government. In order to achieve the reduction, we had to commission additional care home beds and care at home provision. The additional costs will be met by the Scottish Government through the mobilisation plan.

Impact on services and 'COVID learning'

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. Communications are emailed out to all commissioned providers, thrice weekly, providing them with updates in practice and links to useful websites. 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. All these additional costs are included in the mobilisation plan and are expected to be fully funded by the Scottish Government. Our full funding allocation has not been confirmed, however we have received an interim payment to date to address immediate cash flow pressures.

Following 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.

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 quickly and rapidly, relationships developing with wider services in partner organisations and with external providers, overall there has been an increased sense of partnership working to get things done.









Looking ahead









Moving into 2020-21, the IJB has a significant challenge in shaping a “new normal” for health and social care particularly when future funding levels are unknown. 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 what was already planned and in other service delivery areas this has proved an effective way of communicating both within operational teams and with service users 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 to ensure that we can keep delayed discharges to a minimum and unscheduled care at an acceptable level within the resources available. 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.

The budget plans for transformation within older people and children’s services will help manage demand for services in year, and hopefully mitigate any unexpected increase in demand following the pandemic. We will continue to plan ahead and prepare for a range of scenarios, with our attention turning to the publication of a new Strategic Commissioning Plan in April 2021.

APPENDIX 1: NATIONAL HEALTH AND WELLBEING INDICATORS DATA

NATIONAL INDICATORS		South Ayrshire Health and Social Care Partnership Data						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	N/A	93% (2017/18)	
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	N/A	81% (2017/18)	
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	N/A	76% (2017/18)	
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	N/A	74% (2017/18)	
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	N/A	80% (2017/18)	
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	N/A	83% (2017/18)	
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	N/A	80% (2017/18)	
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	N/A	37% (2017/18)	
NI-9	Percentage of adults supported at home who agreed they felt safe	83%	N/A	85%	N/A	85%	N/A	N/A	83% (2017/18)	

NI-10	Percentage of staff who say they would recommend their workplace as a good place to work	N/A	N/A	N/A		72%	74%		74%	
NI-11	Premature mortality rate per 100,000 persons	425 (2013)	391 (2014)	422 (2015)	451 (2016)	380 (2017)	419 (2018)	428 (2019)	426 (2019)	
NI-12	Emergency admission rate (per 100,000 population)	14,825	15,811	16,339	16,571	17,693	17,852	17,619 (2019)	Calendar year 2019 South Ayrshire 17,619 Scotland* 12,602	
NI-13	Emergency bed day rate (per 100,000 population)	153,312	166,173	177,973	177,573	176,155	159,970	159,814 (2019)	Calendar year 2019 South Ayrshire 159,814 Scotland* 117,478	
NI-14	Readmission to hospital within 28 days (per 1,000 population)	109	107	110	116	120	127	122 (2019)	Calendar year 2019 South Ayrshire 122 Scotland* 104	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	85%	86%	86%	85%	86%	86%	88% (2019)	89% (2019)	
NI-16	Falls rate per 1,000 population aged 65+	22.3	24.9	24.4	22.4	24.8	24.1	22.8 (2019)	Calendar year 2019 South Ayrshire 22.8 Scotland* 22.7	
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	N/A	86%	89%	86%	87%	80%	80%	82%	




NI-18	Percentage of adults with intensive care needs receiving care at home	71%	67%	63%	64%	63%	61%		62% (2018)	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	1756	793 (2019/20)	
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%	27%	27% (2019)	<u>Calendar year 2019</u> <u>South Ayrshire</u> 27% <u>Scotland*</u> 23%	
NI-21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Indicator under development								
NI-22	Percentage of people who are discharged from hospital within 72 hours of being ready	Indicator under development								
NI-23	Expenditure on end of life care, cost in last 6 months per death	Indicator under development								

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

(p) provisional figures

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

Data for 2019/20 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.

	No concerns
	Some concerns
	Major concerns

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

درخواست کرنے پر یہ معلومات نابینا افراد کے لئے 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۔

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

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

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

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