

## South Ayrshire Health and Social Care Partnership Performance Report

(As at 31<sup>st</sup> March 2022)

# Community Health and Care – June 2022 Adults and Older People

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(i) Key to status icons

## Status Key

No concerns
Some concerns
Major concerns

## Trend

	Improving
•	Declining
	No change

## **New Data**

 $\checkmark$  - indicates if new data is included since previous 6 monthly report.

## (ii) Summary Performance Report

## 1. UNSCHEDULED CARE

Performance	e Measure			Rag Status	New Data	
1.1 Accident	1.1 Accident and Emergency Department attendance rate per 1,000					
1.2 A & E Conversion Rate. (Percentage of people who attend A & E and are then admitted to hospital).					<b>√</b>	
1.3 Unplanne Adults)	1.3 Unplanned Hospital Admissions Rate per 100,000 population (Adults)					
1.4 Occupied Bed Day Rate per 100,000 population for emergency admissions					<b>✓</b>	
1.5 Readmiss	1.5 Readmissions to an acute hospital within 28 days of discharge.				✓	
Number of n	Number of measures against each service area by RAG status					
			Overall RAG status for			
1 out of 5	3 out of 5	1 out of 5	Unscheduled Care measures.			

## 2. DELAYED DISCHARGES

Performance	Performance Measure				New Data	
2.1 Delayed		✓				
2.2 Delayed discharges of more than 2 weeks.					✓	
Number of n	Number of measures against each service area by RAG status					
			Overall RAG status			
0 out of 2	0 out of 2	2 out of 2	for Delayed Discharge measures.			

## 3. CARE AT HOME

Performance	Performance Measure					
3.1 Percentage of adults with personal care needs receiving care at home.					<b>√</b>	
3.2 Demand for Care at Home: no. of hours provided per week			N/A	<b>✓</b>		
Number of n	Number of measures against each service area by RAG status					
1 out of 1	0 out of 1	0 out of 1	Overall RAG status for Care at Home	<b>②</b>		
1 341 01 1	0 000 01 1	o out or r	measures.			

## 4. CARE HOMES

Performance	Rag Status	New Data					
4.1 Number of Older People	N/A	✓					
Number of n	Number of measures against each service area by RAG status						
			Overall RAG status				
0 out of 1	0 out of 1	0 out of 1	for Care Home measures.	<b>~</b>			

## 5. MENTAL HEALTH

Performance	Rag Status	New Data				
5.1 Suicide ra		✓				
5.2 % of Pop Psychosis.		✓				
Number of n	Number of measures against each service area by RAG status					
			Overall RAG status			
0 out of 2	2 out of 2	0 out of 2	for Mental Health measures.	7		

## 6. DEMENTIA

Performance	Performance Measure					
				Status	Data	
6.1 % of peopreceived a m		✓				
Number of n	Number of measures against each service area by RAG status					
			Overall RAG status		7	
0 out of 1	1 out of 1	0 out of 1	for Dementia measures.			

## 7. ADULT SUPPORT AND PROTECTION

Performance	Performance Measure				
7.1 Adult Pro		✓			
7.2 Adult Protection Inquiries completed within 5 working days					✓
7.3 % of Investigations completed within 8 working days from referral.					✓
Number of n	neasures again	st each servi	ce area by RAG status		
			Overall RAG status		
2 out of 3	0 out of 3	1 out of 3	for Adult Protection measures.		

## 8. SELF-DIRECTED SUPPORT

Performance	Performance Measure						
	8.1 Proportion of social care funding allocated using direct payments or personalised managed budgets.						
8.2 No. of people in receipt of SDS by Option					<b>√</b>		
Number of n	Number of measures against each service area by RAG status						
			Overall RAG status				
0 of 2	2 of 2	0 of 2	for measures.				

## 9. ALCOHOL AND DRUG PARTNERSHIP

Performance	Performance Measure					
	9.1 Rate of drug related hospital stays per 100,000 population (European Age and Standardised Rates)					
9.2 Rate of a	lcohol related ho	spital stays			$\checkmark$	
9.3 Number of	9.3 Number of Drug Related Deaths per year					
	9.4 Percentage waiting more than 3 weeks for referral to specialist					
drug service.						
9.5 % waiting	more than 3 we	eks for referra	ll to specialist alcohol		$\checkmark$	
service.						
Number of n	Number of measures against each service area by RAG status					
			Overall RAG status			
3 out of 5	1 out of 5	1 out of 5	for measures.			

## 10. HEALTH INDICATORS

Performance	Performance Measure				
10.1 Percent		<b>✓</b>			
10.2 Percent		✓			
10.3 % of add		<b>√</b>			
Number of measures against each service area by RAG status					
			Overall RAG status	0	
1 out of 3	2 out of 3	0 out of 3	for measures.		<u> </u>

## 11. MORTALITY RATES

Performance Measure			Rag Status	New Data	
11.1 Premature mortality rate per 100,000 persons: by calendar year.			<b>(</b>	<b>√</b>	
Number of n	Number of measures against each service area by RAG status				
			Overall RAG status	<b>©</b>	
1 out of 1	0 out of 1	0 out of 1	for measures.		

## 12. FALLS

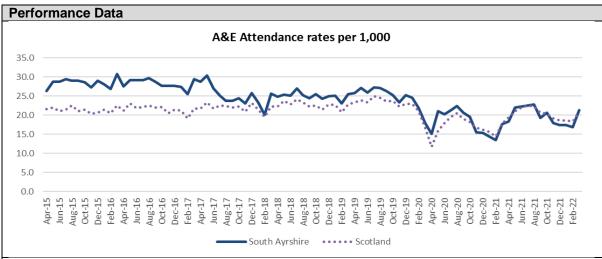
Performance Measure				Rag Status	New Data
13.1 Falls rate per 1,000 population aged 65+.					✓
Number of n	Number of measures against each service area by RAG status				
Overall RAG status				7	
0 out of 1	1 out of 1	0 out of 1	for Falls measures.		

## 13. CARERS

Performance Measure			Rag Status	New Data	
14.1 Number of Carers who have had a carers assessment.				✓	
Number of n	Number of measures against each service area by RAG status				
Overall RAG status				€	
1 out of 1	0 out of 1	0 out of 1	for Carers measures.		

#### 1. UNSCHEDULED CARE

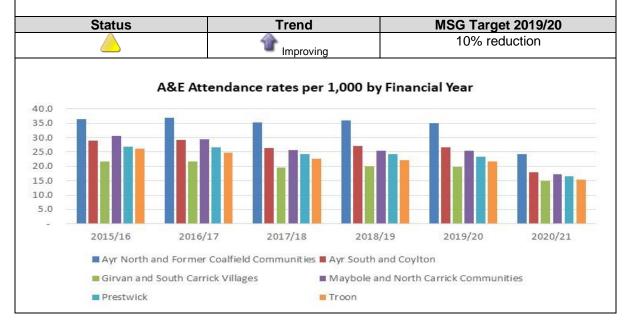
Performance Measure and Description	1.1Accident and Emergency Department attendances
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	National MSG
Data Source:	Scottish Government Ministerial Strategic Group Integration
	Performance Measures.
Manager Responsible	Billy McClean, Head of Community Health and Care



#### **Performance Analysis**

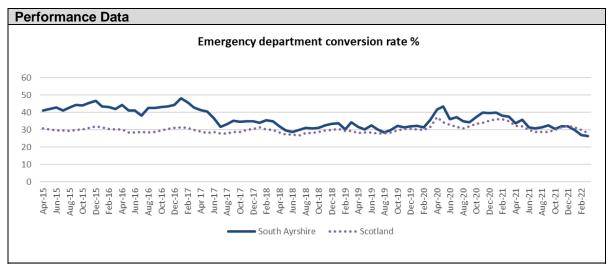
Attendance rates at Accident and Emergency Departments for South Ayrshire Residents prior to COVID were higher than the National Average . Since COVID the South Ayrshire figures have been largely in line with the Scotland Rate .

As at end of March 2022 the rate for South Ayrshire was 21.3 compared to 20.9 across Scotland To date (April – March 2022) there has been a 29.8% reduction in admissions which is lower than the target set of 10%. Attendance rates are highest in the Ayr North Locality and lowest in Girvan and South Carrick.



## 1. UNSCHEDULED CARE (CONT)

Performance Measure and Description	1.2 A & E Conversion Rate. (Percentage of people who attend A & E and are then admitted to hospital).
•	• /
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	National
Data Source	Scottish Government Ministerial Strategic Group Integration Performance Measures. Data issued to all HSCP monthly
Manager Responsible	Billy McClean, Head of Community Health and Care

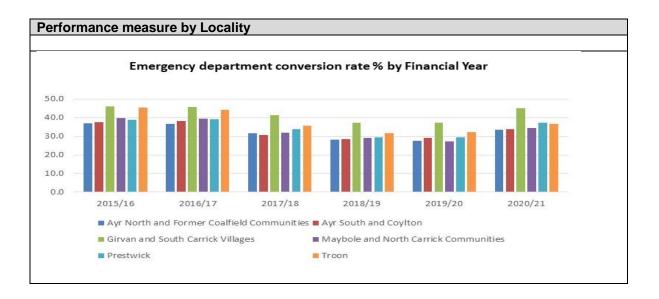


#### **Performance Analysis**

South Ayrshire conversion rates were at 26% as at March 2022 which is the same as East and North Ayrshire and lower than the National rate of 28%. This is the lowest monthly rate since reporting began in April 2015. .

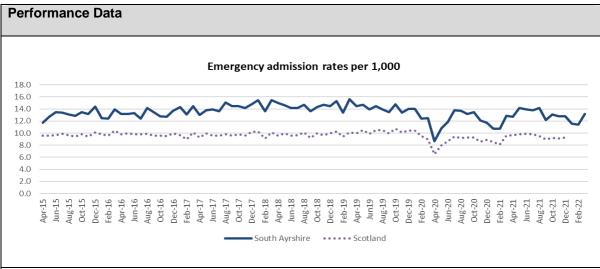
The annual conversion rates were highest in the Girvan and South Carrick villages followed by Prestwick. This trend appears to be continuing for the year to date although the actual annual rate in Girvan has reduced from 48.2 (2020/21) to 37.5 (YTD).

Status	Trend	MSG Target 2019/20
<b>②</b>	1mproving	No target set



## 1. UNSCHEDULED CARE (CONT)

Performance Measure and Description	1.3 Unplanned Hospital Admissions	
Link to Strategic Objective	We work together to give you the right care in the right place.	
Indicator type:	MSG	
Data Source	Scottish Government Ministerial Strategic Group Integration Performance Measures.	
Manager Responsible	Billy McClean, Head of Community Health and Care	



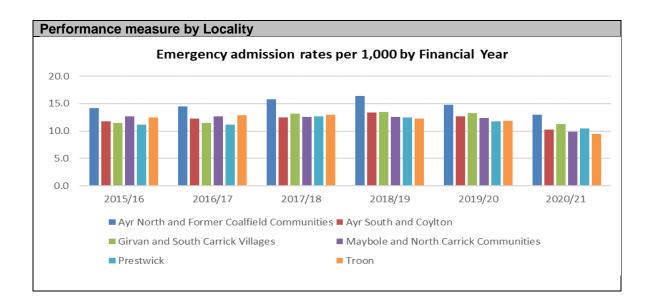
#### **Performance Analysis**

There has been a decrease in Emergency Admission rates for the past year with a peak in March 2019 at 15.6 to 13.2 in March 2022. Rates in South Ayrshire are still consitently higher than the national avearge.

To date for 2021/22 there has been a 0.4% increase in admisssions against the baseline target. The target was to reduce the growth rate to a maximum of 10%. Initiatives to prevent A& E admissions include:

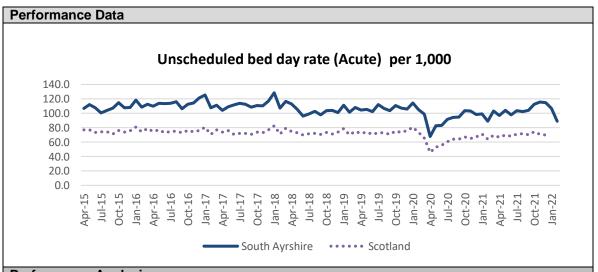
- Enhanced pulmonary rehabilitiation service.
- Clinical support for Care Homes where there are high number of admissions/attendances
- Ambulance to ICT referral pathway.

Status	Trend	MSG Target 2019/20	
	1mproving	Reduce rate of growth to 10%	



## 1. UNSCHEDULED CARE ( CONT)

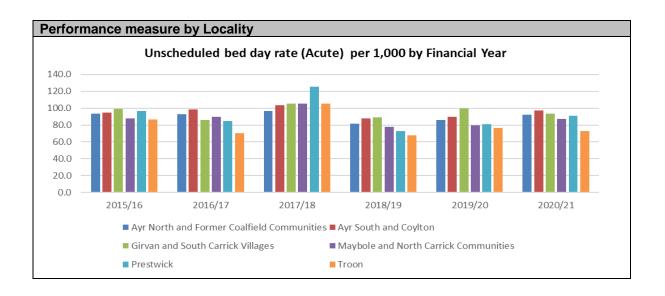
Performance Measure and Description	1.4 Occupied Bed Day Rates for Unplanned Admissions
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	MSG
Data Source	Scottish Government Ministerial Strategic Group Integration Performance Measures.
Manager Responsible	Billy McClean, Head of Community Health and Care



## **Performance Analysis**

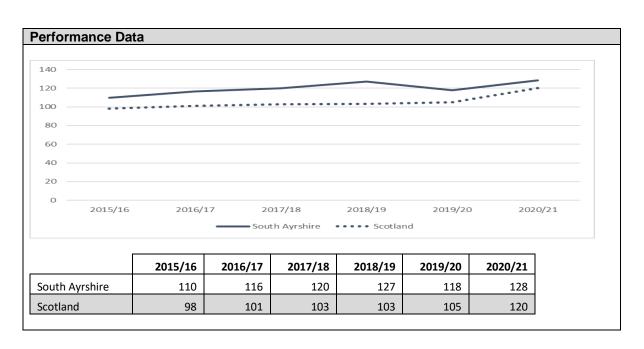
The unscheduled bed day rate in South Ayrshir fell from 115.6 in November to to 88.9 in February 2022. The South Ayrhire rate has been consitently higher than the Scottish National Average. 2021/22 year to date figures are 104.3 in South Ayrshire compared with 70.3 across Scotland. The Ayr South Locality had the highest rate of bed dasy during the latest full year with Troon having the lowest rate.

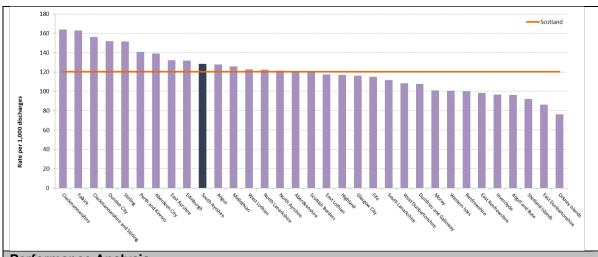
Status	Trend	MSG Target 2019/20
	•	1% decrease
	Improving	



## 1. UNSCHEDULED CARE (CONT)

Performance Measure and Description	1.5 Readmissions to an acute hospital within 28 days of discharge
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	National
Data Source	ISD Scotland Core Suite of Integration Indicators NI_14
Manager Responsible	Billy McClean, Head of Community Health and Care





Readmissions to an Acute Hospital within 28 days of discharge rose from 118 to 128 in South Ayrshire from 2019/20 to 2020/21. The average across Scotland also rose from 105 to 120. South Ayrshire had the 10<sup>th</sup> highest readmission rate across Scotland.

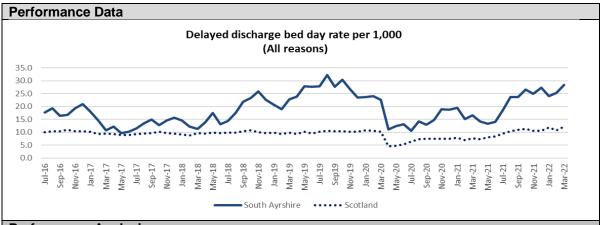
Readmission rates in South Ayrshire have been a problem for many years and continue to be a problem. Investment in reablement, support around care homes, enhanced intermediate care and teams around the practice during 2020/21 were aimed at strengthening community supports. System pressures due to COVID during 2020/21 had a negative impact on this measure across Scotland. During 2022/23 SA HSCP is working with NHS A&A to implement a Hospital at Home team to provide an alternative to acute admission.

It should be noted that South Ayrshire has a very high proportion of Older People and a high dependency ratio which will have an impact on admissions to hospital due to the large nubers of people living with frailty.

Status	Trend	Target
	Declining	No Target

## 2. DELAYED DISCHARGESD DISCHARGES

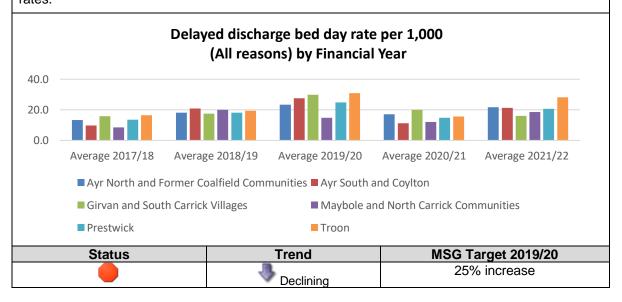
Performance Measure and	2.1 Delayed discharge bed day rate per 1,000 ( all reasons)
Description	
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	MSG
Data Source	Scottish Government Ministerial Strategic Group Integration Performance Measures. Data issued to all HSCP monthly
Manager Responsible	Billy McClean, Head of Community Health and Care



The bed day rate per 1000 population has continued to increase since August 2021 Ongoing issues around recruitment to Care at Home and Care Home closures due to COVID led to a significant increase in delayed discharges during this period. However more recent local data shows a marked reduction in delays over the past couple of months from 95 in April 2022 to 58 in June 2022.

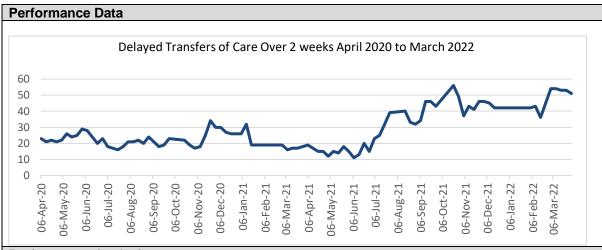
Referral numbers for care at home remain very high with South Ayrshire being an outlier in Scotland for the numbers of people requiring care at home and the large care packages required to support people to return home.

The highest rate of bed days by locality is in Troon. There have been particular issues in sourcing Care at Home in this locality which has resulted delayed transfers of care and higher bed day rates.



## 2. DELAYED DISCHARGESAYED DISCHARGES (CONT)

Performance Measure and Description	2.2 Delayed discharges of more than 2 weeks.
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	National
Data Source	Public Health Scotland Delayed Discharge Monthly Census
Manager Responsible	Billy McClean, Head of Community Health and Care



The number of delayed transfers of care by over two weeks has shown a general increase over the past 2 years with a reduction during spring of 2021. The senior team within South Ayrshire meet weekly to focus on those patients delayed for over 10 days as the operational teams work to identify actions to ascertain capacity across the system. The system remains challenged due to a number of factors and the HSCP remains in a position where demand continues to outstrip capacity.

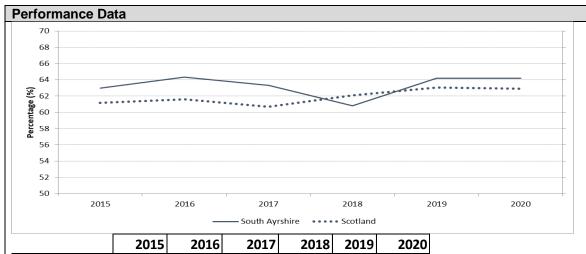
The following are some of the issues impacting on delayed discharges:

- •80% of current Home care capacity in South Ayrshire is provided by Private providers who are struggling with staff shortages, sickness, annual leave and recruitment;
- •The lack of external Care at Home (CAH) capacity impacts on the Reablement service who are unable to transfer those people who require an ongoing mainstream care service, thus reducing the numbers who can be discharged from hospital and supported to return to previous levels of independence;
- •Recruitment into our internal Home Care services and our community CAH partners remains challenging due to a lack of applicants to these roles. We are currently exploring the use of funding related to these unfilled posts to recruit to roles where we know there are a high number of suitable applicants looking for work.
- •The potential for private providers to hand back care remains high and one provider has had to do so. This provider is now in Moratorium which further impacts on our CAH capacity. The in-house CAH teams are working to support providers through this difficult period.
- •Due to the focus of services on reducing delayed discharges from the hospitals, the number of people waiting for home care in the community continues to rise. We are currently exploring a Test of Change for the development of a small team of Occupational Therapy Assistants to provide support and address specifically the unmet needs we have.

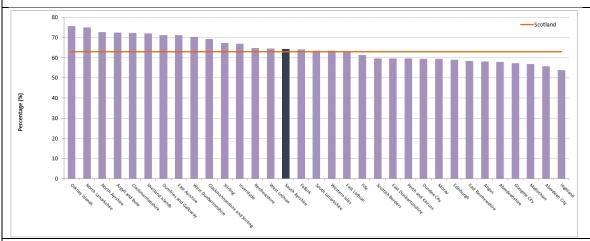
Status	Trend	Target
	Declining	National target of zero.

#### 3. CARE AT HOME

Performance Measure and Description	3.1 Percentage of adults with intensive care needs receiving care at home
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	National
Data Source	ISD Scotland Core Suite of Integration Indicators (March 2022) NI_18
Manager Responsible	Billy McClean, Head of Community Health and Care



	2015	2016	2017	2018	2019	2020
South Ayrshire	63.0%	64.3%	63.3%	60.8%	64.2%	64.2%
Scotland	61.2%	61.6%	60.7%	62.1%	63.0%	62.9%

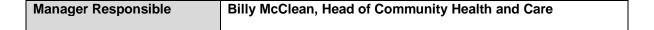


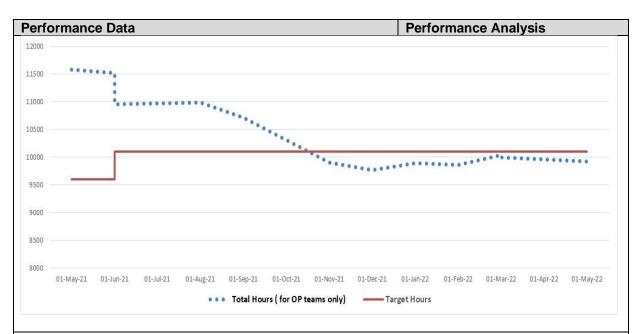
The latest published figures are for 2020. At that point 64.2% of South Ayrhisre adults with intensive care needs were receiving care at home compated with 62.9% across Scotland. South Ayrshire mid range at 15<sup>th</sup> highest out of the 32 partnership areas,

Status	Trend	Target
	No change	No target set.

## 3.CARE AT HOME (CONT)

Performance Measure and Description	3.2 Demand for Private Care at Home: no. of hours provided per week
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	Local
Data Source	Carefirst Report





The level of Private Care at Home provision has reduced from 11960 hours per week in May 2021 to 9900 at the end of April 2022. South Ayrshire CAH Private Provision has been below the Target hours since October 2021. The target hours were increased from 9600 to 10100 in June 2021.

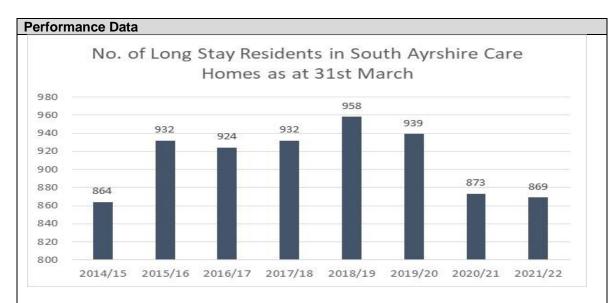
In accordance with the decisions made by the IJB at meetings held in 2018-19, access to social care services in South Ayrshire, in terms of the currently approved eligibility criteria, has been set at its highest level of "critical".

80% of current Home care capacity in South Ayrshire is provided by Private providers who are struggling with staff shortages, sickness, annual leave and recruitment.

Status	Trend	Target
N/A	N/A	Data only

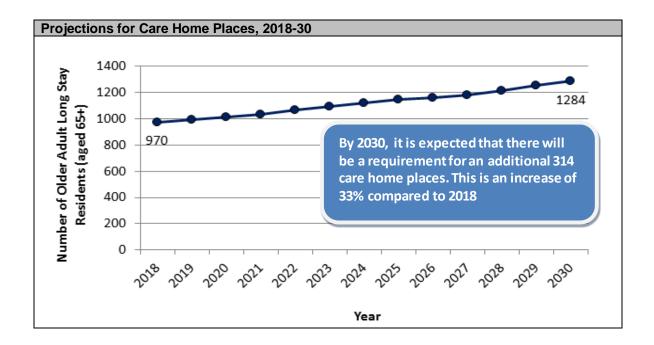
## 4. CARE HOMES

Performance Measure and	4.1 Number of Long Stay Residents in South Ayrshire Care
Description	Homes (Older People 65+)
Link to Strategic Objective	We work together to give you the right care in the right place.
Indicator type:	Local
Data Source	SAHSCP Finance Records



The number of Long Stay Residents in Care Homes has reduced over the past two years. New Admissions to Care Homes over the COVID period reduced due to outbreaks in Care Homes and within hospital settings for patients waiting to be discharged in Long Term Care.

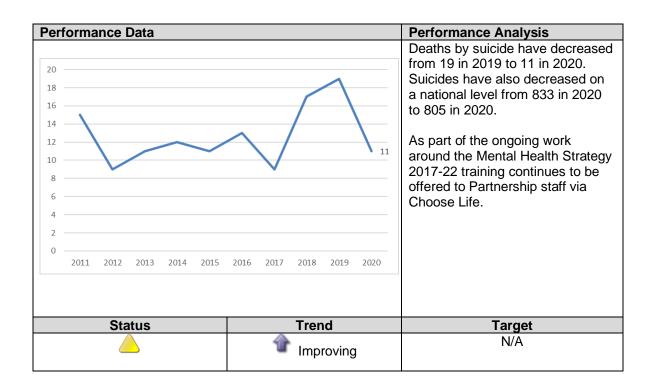
Status	Trend	Target	
N/A	N/A	Data only	



## 5. MENTAL HEALTH

Performance Measure and Description	5.1 Suicides
Link to Strategic Objective	We help to build communities where people are safe.
Indicator type:	National

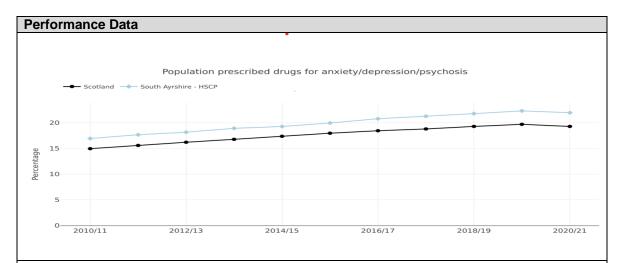
Data Source	https://www.nrscotland.gov.uk/statistics-and- data/statistics/statistics-by-theme/vital- events/deaths/suicides/list-of-tables-and-chart
Manager Responsible	Billy McClean, Head of Community Health and Care



Performance Measure by Locality	
Data at Locality level not available.	

## 5. MENTAL HEALTH (CONT)

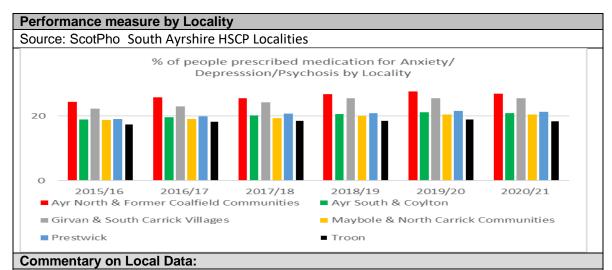
Performance Measure and	5.2 % of Population Prescribed Medication for Anxiety/	
Description	Depression / Psychosis	
Link to Strategic Objective	We focus on prevention and tackling inequality.	
Indicator type:	National	
Data Source	ScotPho	
Manager Responsible	Billy McClean, Head of Community Health and Care	



The percentage of South Ayrshire residents who have been prescribed medication for Anxiety/ Depression /Psychosis decreased slightly over the past year from a peak of 22.32 in 2019/20.to 21.96 in 2020/21. The South Ayrshire figures have been above the Scottish Average since 2010/11, with the latest Scottish average being 19.29.

Mental Health Services within the Partnership have recognised this growing trend and are looking at small tests of change within GP surgeries. Community Link Practitioners are now active in 13 GP Practices to assist people to access services and the support they require across sectors, thereby improving the experience provided by participating GP Practices, and where applicable, to create an alternative to national prescribing by signposting people to alternative community based supports where they are depressed, for example, as a result of social isolation.

Status	Trend	Target
	1mproving	No target set.

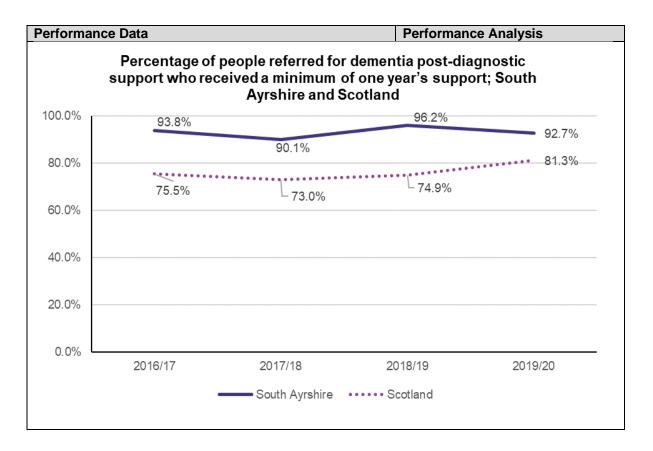


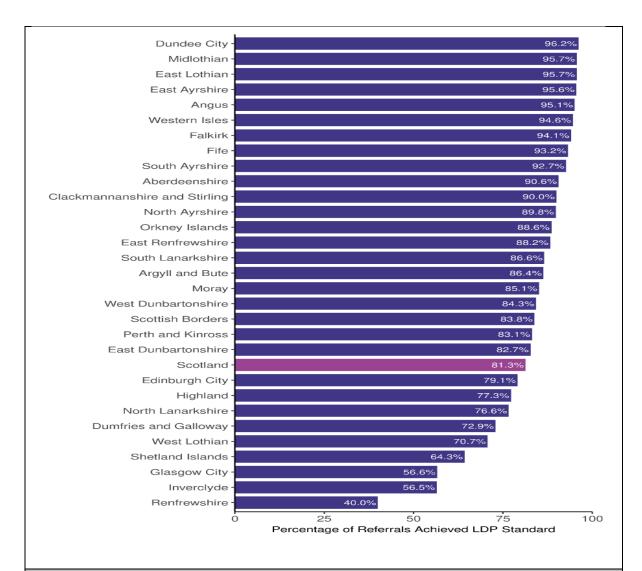
Ayr North continues to have the highest rate at 25.7 of prescriptions with Troon having the rate at 18.3% which is lower than the national average of 18.5.

## 6. DEMENTIA

Performance Measure and Description	6.1 % of people referred for dementia post-diagnostic support who receive a minimum of one years support

Link to Strategic Objective	We nurture and are part of communities that care for each other.
Indicator type:	National
Data Source	PHS, Local Delivery Plan Standard; Figures to 2019/20 (Latest Release March 2022)
Manager Responsible	Billy McClean, Head of Community Health and Care





South Ayrshire's performance decreased slightly over the past year from 96.2 to 92.7, however performance in the SAHCP has been consistently higher than the national average over the past 4 years.

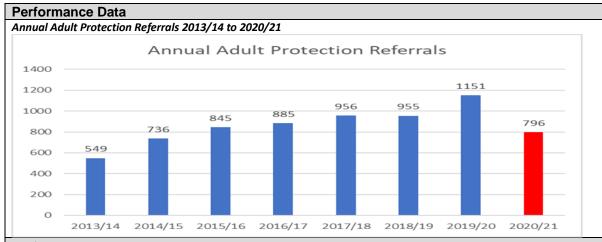
South Ayrshire has the 9<sup>th</sup> highest % of referrals which achieved LDP Standard in relation to this measure in Scotland.

The South Ayrshire Dementia Strategy 2018-23 was approved at the IJB on the 12<sup>th</sup> September 2018.

Status	Trend	Target
	Declining	

#### 7. ADULT SUPPORT AND PROTECTION

Performance Measure and Description	7.1 Adult Protection Referrals
Link to Strategic Objective	We help to build communities where people are safe.
Indicator type:	National
Data Source	SWIS
Manager Responsible	Billy McClean, Head of Community Health and Care

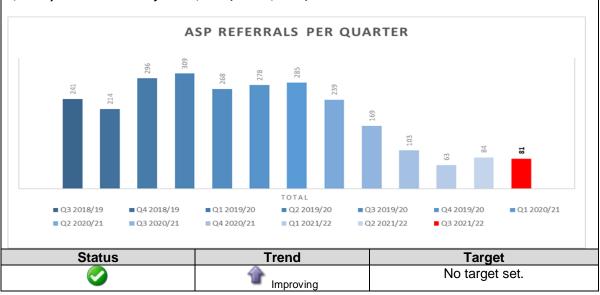


#### **Performance Analysis**

Referral activity has increased year on year between 2013/14 and 2019/20 with the exception of 2017/18 and 2018/19 where the referrals were fairly level. Referrals reduced by 31% over the past year from 1151 in 2019/20 to 796 in 2020/21.

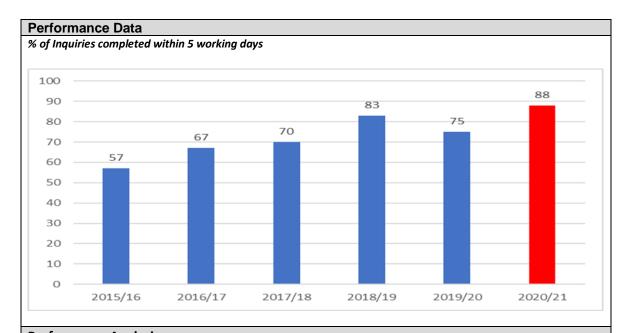
There were 81 referrals during Q3 of 2021/22 which is a slight decrease of 3% from the previous quarter figure of 84. This represents a 66% decrease from Q2 of 2020/21. The 81 referrals during Q3 this represented 74 service users. 85% of service users were referred once during the quarter. 7 service users were referred twice within the quarter. This is a lower level of multiple referrals than we have historically had, largely due to the revised Vulnerable Adult escalation procedures.

#### Quarterly Adult Protection Referrals Q3 2018/19 to Q3 2021/22



#### 7.ADULT SUPPORT AND PROTECTION (CONT)

Performance Measure and Description	7.2 Adult Protection Inquiries completed within 5 working days
Link to Strategic Objective	We help to build communities where people are safe.
Indicator type:	Local
Data Source	SWIS
Manager Responsible	Billy McClean, Head of Community Health and Care



## **Performance Analysis**

88% of AP1's completed during 2020/21 were completed within the 5 working-day target from date of referral, which is an increase from the previous annual performance of 75%.

In Q3 of 2021/22 83% of AP1's were completed within the 5 working day target. 43% of Inquiries were in respect of individuals with a degree of "cognitive impairment". This is a decrease from the previous Quarter (53%).

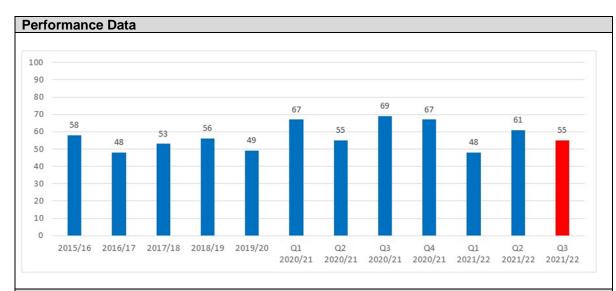
The extent to which ASP Inquiries are completed within target timescales will continue to be monitored. Further work will be undertaken with Social Work Team Leaders to better understand variations across the Teams.

An APC multi-disciplinary working group has been established to explore issues around people with a degree of "cognitive impairment" with a view to trying to explore ways to reduce the risk of harm and ensure appropriate supports are in place, and identify any practice development issues.

Trend	Target
1mproving	5 days

#### 7.ADULT SUPPORT AND PROTECTION

Performance Measure and Description	7.3 % of Investigations completed within 8 working days from referral.
Link to Strategic Objective	We help to build communities where people are safe.
Indicator type:	Local
Data Source	SWIS
Manager Responsible	Billy McClean, Head of Community Health and Care



#### **Performance Analysis**

55% of investigations were completed within 8 working days from referral. This is a decrease from Q2 performance at 61%.

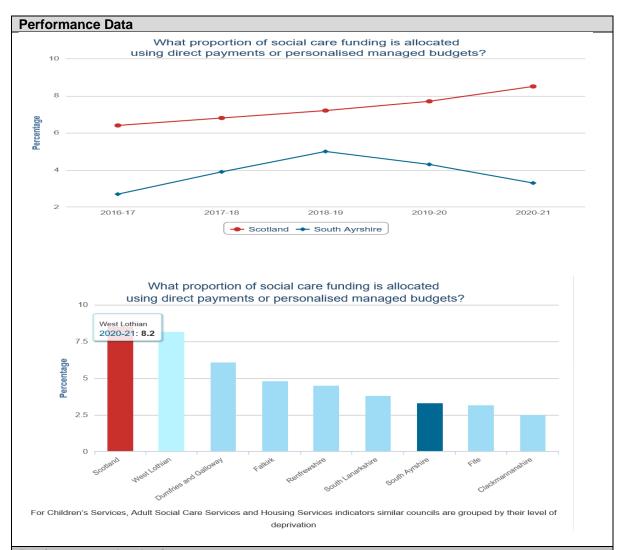
Discussions with Social Work Team Leaders have identified a number of factors which have contributed to Investigations not being completed within the target timescale. These include the time taken for partners to respond to requests for information (particularly with respect to financial harm and formal Section 10 requests), the amount of time required to establish contact with individuals whose lives are affected by alcohol and or drugs and may also be reluctant to engage with Social Work, and the availability of Council Officers within the Team due to staff absence.

It is recommended that the Adult Support and Protection Committee consider whether the current target timescales for Inquiries and Investigations are purposeful and continue to reflect the nature and complexity of Adult Support and Protection practice.

Status	Trend	Target
	Declining	8 days

#### **8.SELF - DIRECTED SUPPORT**

Performance Measure and Description	8.1Self Directed Support (Direct Payments) Spend on Adults 18+ as a % of total social work spend on adults 18+
Link to Strategic Objective	We are transparent and listen to you
Indicator type:	National
Data Source	SAHSCP Finance Records. Local Government Benchmarking Framework.
Manager Responsible	Tim Eltringham, Director SAHSCP



#### **Performance Analysis**

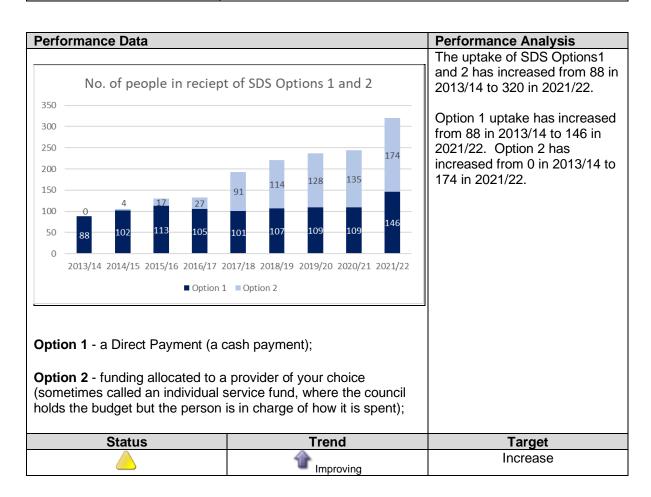
South Ayrshire continue to trail the Scottish average and our family group in this area. Difficulty with process, bureaucracy and managing their own budgets and staff are all reasons given as to why uptake is low. The review of Adult Social Work undertaken during 2021/22 and to implemented during 2022/23 aims to strengthen professional leadership with Social Work with one of the key priorities being Community Led Support and use of Self Directed Support.

Given the uncertainty around inflation, workforce recruitment issues etc target setting at this time would not be appropriate.

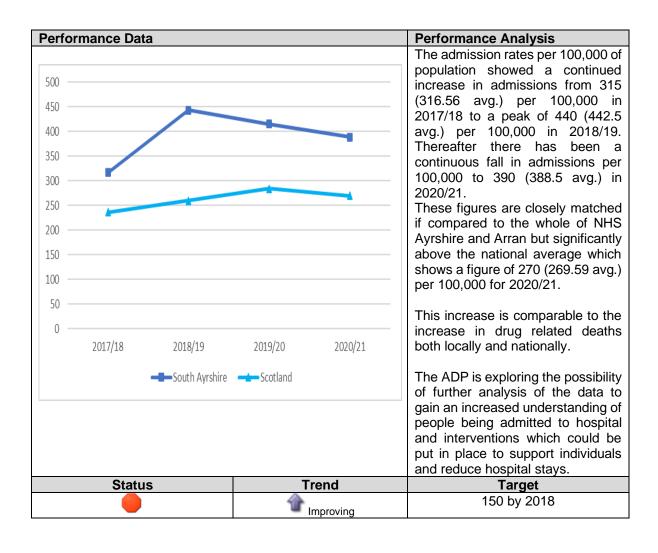
Status	Trend	Target
	Declining	Increase

## 9.SELF -DIRECTED SUPPORT (CONT)

Performance Measure and Description	9.2 No. of people in receipt of SDS by Options 1 and 2
Link to Strategic Objective	We are transparent and listen to you
Indicator type:	Local
Data Source	SAHSCP Finance Records
Manager Responsible	Tim Eltringham, Director SAHSCP



Performance Measure and Description	9.1 Rate of drug related acute hospital stays per 100,000 population (European Age and Standardised Rates)	
Link to Strategic Objective	We focus on prevention and tackling inequality.	
Indicator type:	National ADP indicator	
Data Source	Summary - Drug-related hospital statistics - Scotland 2020 to 2021 - Drug-related hospital statistics - Publications - Public Health Scotland	
Manager Responsible	Faye Murfet, ADP Coordinator	



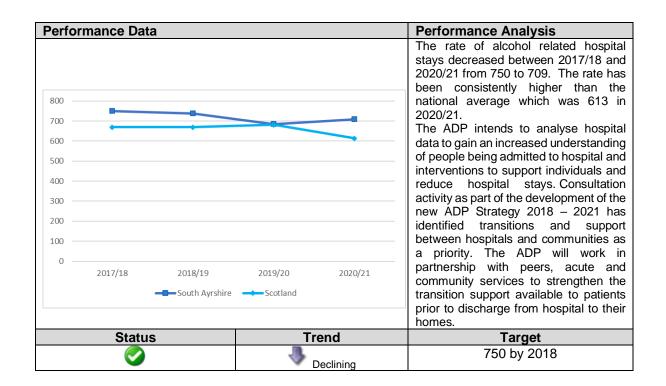
## Performance by Locality

Number and age-sex standardised rate per 100,000 population, drug-related acute hospital stays, South Ayrshire by locality, aggregated years 2016/17-2018/19 and 2017/18-2019/20

	Average number of stays			100,000 lation
HSCP Area	2016/17 to 2018/19	2017/18 to 2019/20	2016/17 to 2018/19	2017/18 to 2019/20
Ayr North & Former Coalfield Communities	129	144	711.31	791.1
Ayr South & Coylton	39	45	155.19	177.87
Girvan & South Carrick Villages	24	30	310.71	383.81
Maybole & North Carrick Communities	21	24	272.19	292.14
Prestwick	33	39	179.49	201.67
Troon	30	30	196.98	218.11

There has been an increase in the standardised rate of drug-related acute hospital stays across all localities in South Ayrshire.

Performance Measure and Description	9.2 Rate of alcohol related acute hospital stays per 100,000 popn	
Link to Strategic Objective	We focus on prevention and tackling inequality.	
Indicator type:	National ADP indicator	
Data Source	Alcohol related hospital statistics - Scotland financial year 2020 to 2021 - Alcohol related hospital statistics - Publications - Public Health Scotland ScotPHO profiles (shinyapps.io)	
Manager Responsible	Faye Murfet, ADP Coordinator	

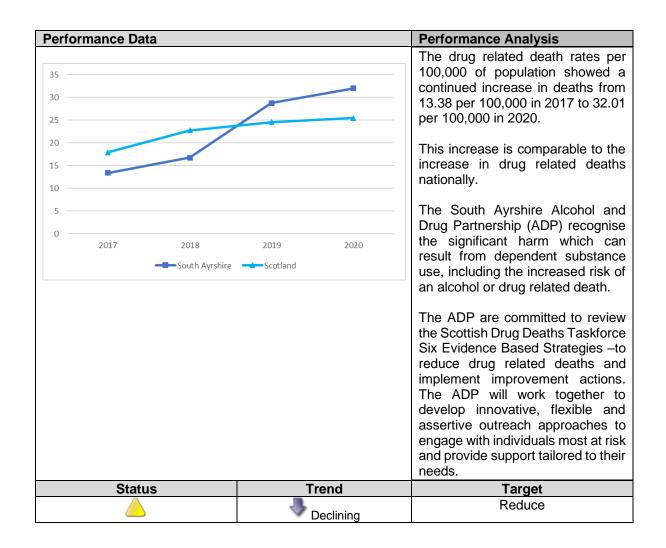


#### **Performance by Locality**

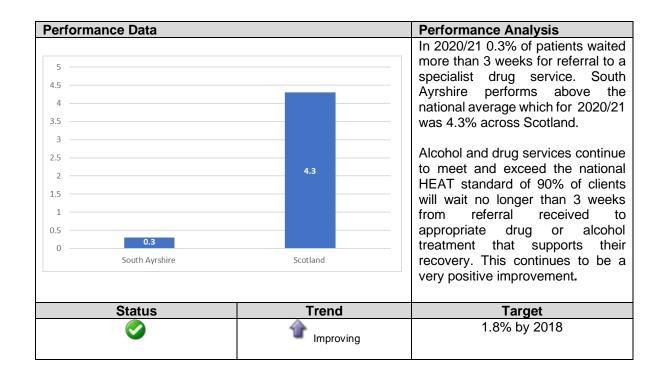
Number and age-sex standardised rate per 100,000 population, alcohol-related hospital stays, South Ayrshire by locality, 2017/18 to 2020/21

		No. Of Stays			Rate per 100,000 Pop			
HSCP Area	2017/18	2018/19	2019/20	2020/21	2017/18	2018/19	2019/20	2020/21
Ayr North & Former Coalfield Communities	274	289	262	245	1,401.18	1,487.51	1,349.77	1,295.41
Ayr South & Coylton	178	134	178	168	562.66	450.94	581.32	569.82
Girvan & South Carrick Villages	80	83	69	73	983.56	871.23	724.66	909.5
Maybole & North Carrick Communities	56	57	29	45	576.1	576.75	268.68	445.37
Prestwick	119	140	128	151	502.87	557.77	510.99	621.86
Troon	125	133	116	105	642.66	666.75	606.58	538.08

Performance Measure and Description	9.3 Number of Drug Related Deaths per year	
Link to Strategic Objective	We will reduce health inequalities.	
Indicator type:	National	
Data Source	Drug-related Deaths in Scotland in 2020   National Records of Scotland (nrscotland.gov.uk) ScotPHO profiles (shinyapps.io)	
Manager Responsible	Faye Murfet, ADP Coordinator	

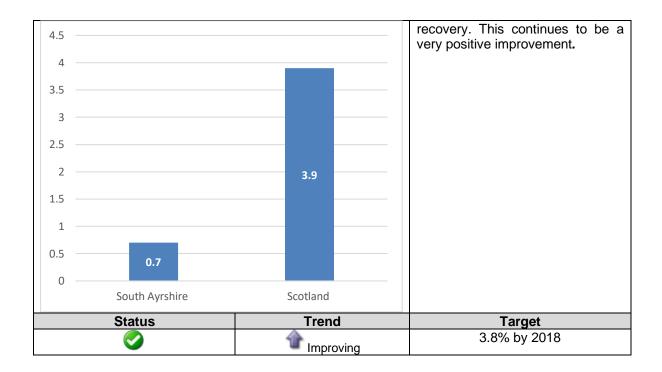


Performance Measure and Description	9.4 Percentage waiting more than 3 weeks for referral to specialist drug service.	
Link to Strategic Objective	We focus on prevention and tackling inequality.	
Indicator type:	National HEAT Standard / ADP indicator.	
Data Source	National drug and alcohol treatment waiting times - 1 January to 31 March 2021 - National drug and alcohol treatment waiting times - Publications - Public Health Scotland Annual Tables	
Manager Responsible	Faye Murfet, ADP Coordinator	



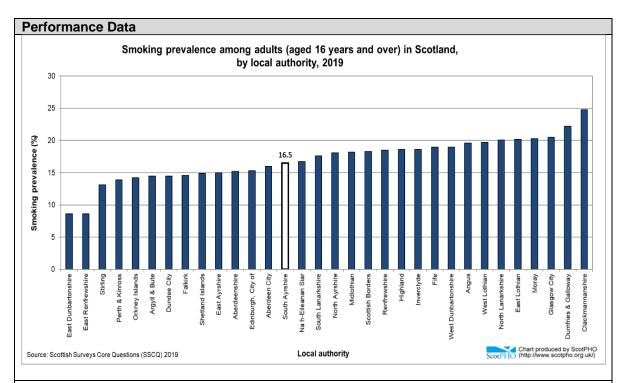
Performance Measure and Description	9.5 % waiting more than 3 weeks for referral to specialist alcohol service.	
Link to Strategic Objective	We focus on prevention and tackling inequality.	
Indicator type: National / Corporate/ Local	National HEAT Standard / ADP indicator.	
Data Source	National drug and alcohol treatment waiting times - 1 January to 31 March 2021 - National drug and alcohol treatment waiting times - Publications - Public Health Scotland Annual Tables	
Manager Responsible	Faye Murfet, ADP Coordinator	

Performance Data	Performance Analysis
	In 2020/21 0.7% of patients waited
	more than 3 weeks for referral to a
	specialist alcohol service. South
	Ayrshire performs above the
	national average which for 2020/21
	was 3.9% across Scotland.
	Alcohol and drug services continue
	to meet and exceed the national
	HEAT standard of 90% of clients
	will wait no longer than 3 weeks
	from referral received to
	appropriate drug or alcohol
	treatment that supports their



## 10. HEALTH MEASURES (ADULTS)

Performance Measure and Description	10.1 Percentage of Adults (aged 16+) who are regular smokers
Link to Strategic Objective	We focus on prevention and tackling inequality.
Indicator type:	National
Data Source	Scottish Surveys Core Questions (SSCQ) 2019
Manager Responsible	Ruth Campbell, Consultant Dietician in Public Health



Smoking Prevalance in Scotland (2019) ranged from 8.6% in East Dunbartonshire to 24.8% in Clackmannanshire with South Ayrshire having a prevalance of 16.5%. South Ayrshire is ranked 19 out of 32 in terms of the level of smoking prevalance.

NHS Ayrshire and Arran's stop smoking service is called Quit Your Way. It is made up of 3 parts:

**Smoking Cessation** – Helping people who smoke to stop smoking.

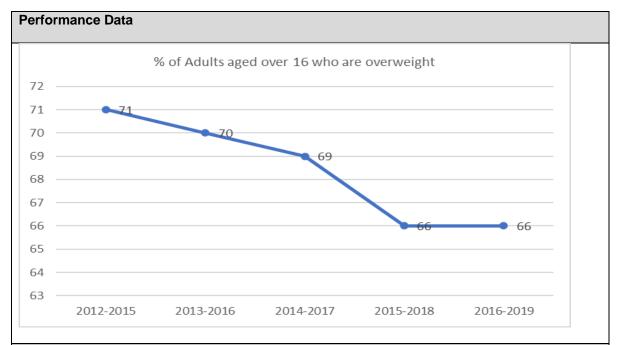
**Smoking Prevention** - Preventing people, mainly young people, starting to smoke.

**Smoking Protection** - Protecting everyone from the harms of second hand smoke.

Status		Trend	Target	
		Improving	No target set.	

## 10. HEALTH MEASURES (ADULTS)

Performance Measure and Description	10.2 Percentage of Adults aged over 16 who are overweight.
Link to Strategic Objective	We focus on prevention and tackling inequality.
Indicator type:	National
Data Source	Scottish Health Survey
	https://scotland.shinyapps.io/sg-scottish-health-survey/
Manager Responsible	Ruth Campbell, Consultant Dietician in Public Health

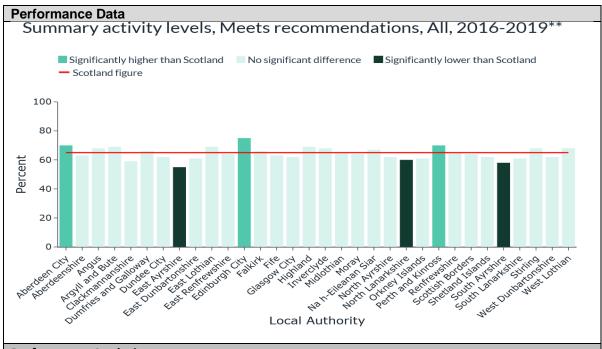


The % of Adults aged over 16 who are overweight in South Ayrshire has decreased from 71% in 2012-15 to 66% in 2016-2019. This is the same as the National rate across Scotland for 2019 which also stands at 66%.

Status	Trend	Target
	mproving	No target set.

## 10. HEALTH MEASURES (ADULTS)

Performance Measure and Description	10.3 % of adults aged over 16 meeting physical activity guidelines
Link to Strategic Objective	We focus on prevention and tackling inequality.
Indicator type:	National
Data Source	Scottish Health Survey
Manager Responsible	Ruth Campbell , Consultant Dietician in Public Health



The % of Adults meeting Physical Activity Levels between 2016-19 in South Ayrshire was 58% which is significantly below the Scottish Average of 65%. Physical Activity levels meeting recommendations in South Ayshire have decreaesd from 61% for 2015-2018 to 58% in 2016-19.

Status	Trend	Target
	Declining	No target set.

#### Commentary on Local Initiatives.

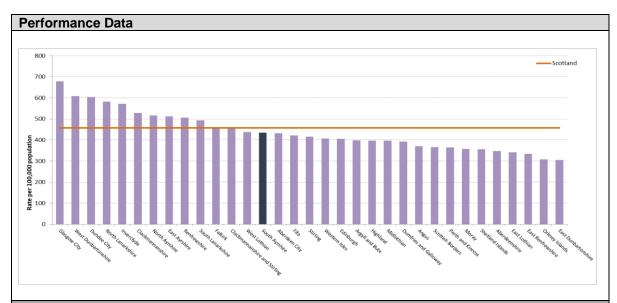
South Ayrshire Council has developed a new Physical Activity and Sport Strategy 2022. The Strategy advocates an ambitious approach which promotes, engages and empowers individuals and communities to play an active role in increasing physical activity levels for children, young people and adults across South Ayrshire. The Strategy aims to deepen the connections between sport, physical activity, and health by aligning sport and physical activity outcomes with Scotland's Public Health priorities. Six key principles underpin the Strategy:

- Ambitious
- Connected
- Transparent
- Inclusive
- Values
- Empowering

#### 11. MORTALITY RATES

Performance Measure and Description	11.1 Premature mortality rate per 100,000 persons: by calendar year	
Link to Strategic Objective	We nurture and are part of communities that care for each other.	
Indicator type:	National NI-11	
Data Source	PHS Core Integration Measures.	

	European age-standardised mortality rate per 100,000 for people aged under 75.  Death rates (per 100,000 population) for Local Authorities: agestandardised using the 2013 European Standard Population
Manager Responsible	Billy McClean, Head of Community Health and Care



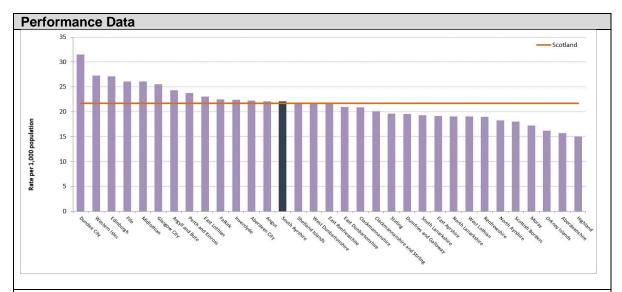
The death rates for South Ayrshire residents aged under 75 increased from 428 in 2019 to 435 in 2020. This is lower than the National Average of 457. South Ayrshire has the 14<sup>th</sup> highest premature mortality rate out of the 32 partnership areas. Glasgow City has the highest rate at 676 and East Dunbartonshire has the lowest at 305. East and North Ayrshire both have a higher than national average rate at 512 and 516 respectively.

Early deaths from cancer would be 32% lower if the levels of the least deprived area were experienced across the whole South Ayrshire population. The most deprived areas have 42% more deaths than the overall average

Status	Trend	Target
	Declining	Reduce

#### 12. FALLS

Performance Measure	12.1 Falls rate per 1,000 population aged 65+
and Description	
Link to Strategic	We work together to give you the right care in the right place.
Objective	
Indicator type:	National NI-16
Data Source	ISD Core Suite of Integration Measures.
Manager Responsible	Billy McClean, Head of Community Health and Care



The rate of falls per 1,000 population aged 65 + reduced from 22.6 in 2019/20 to 22.1 (640 falls) in 2020/21. South Ayrshires rate is higher than the Scottish average of 21.7. South Ayrshire has the 14<sup>th</sup> highest falls rate in Scotland out of all of the partnership areas.

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.

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.

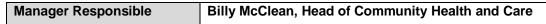
**Invigor8** is a Falls Prevention Programme for people over the age of 60 providing 18 classes per week to reduce / prevent the incidence of falls. All classes have been re-established as COVID restrictions have allowed. The group sessions are fun and friendly and assist in reducing social isolation and loneliness. Classes have a high attendance rate and still prove to be popular. Referral routes between NHS, health professionals, health and social care partners and the Health and Fitness team are established and embedded into the programme. A self-referral route has also been established.

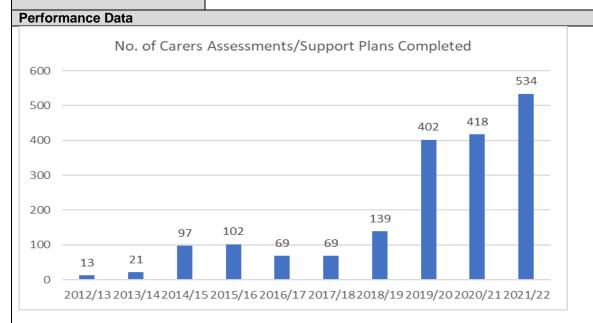
Healthy and Active Rehabilitation Programme (HARP) is for people with medical history which includes stroke, cancer, cardiac, pulmonary or diabetes. 10 exercise classes are available across South Ayrshire along with gym or swimming sessions. Participants returned to classes after Covid restrictions were reduced and are well attended. People are referred to HARP and referral routes between GP's, NHS and the Health Team are established

Status	Trend	Target
	Improving	No target set.

#### 13. CARERS

Performance Measure and Description	13.1 Number of Carers who have had a carers assessment.
Link to Strategic Objective	We are transparent and listen to you.
Indicator type:	Local
Data Source	SWIS/ Carefirst Report – Completed SSA5 Assessments and Carers Support Plans





An Adult Carer Support Plan is carried out to identify how being a carer is impacting on their health and wellbeing. The support plan gives the Carer the opportunity to identify the following:

- · thoughts and feelings about caring
- relationship with the cared for person
- · social and leisure activities
- physical and mental health
- · education and work life goals
- what would make things easier for the carer to carry out their caring role
- · whether a short break is needed
- what would happen in an emergency, if the carer was unable to care.

The number of Carers Support Plans completed has risen markedly over the past 4 years and has increased by 28% between 2020/21 and 2021/22 from 418 to 534. The South Ayrshire Integration Joint Board at its meeting on 16<sup>th</sup> May 2019 approved the new Adult Carers Strategy for the period 2019-2024. The Strategy was developed through discussions with carers, staff and partners including the South Ayrshire Carers Centre, Crossroads and the Ayrshire Hospice. The SAHSCP now has both a dedicated Adult Carers Lead Officer and Young Carer Lead Officer.

d

Status	Trend	Target
	1mproving	Increase