

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 November 2022
Title:	East Ayrshire Health and Social Care Partnership Annual Performance Report 2021/22
Responsible Director:	Craig McArthur, Director of East Ayrshire Health and Social Care Partnership
Report Author:	Kevin Mills, Planning and Performance Officer

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The East Ayrshire Health and Social Care Partnership Annual Performance Report 2021/22 has been produced to meet obligations relating to annual performance reporting and to benefit our local communities. The Report adheres to national guidance and reflects on our performance in relation to the National Health and Wellbeing Outcomes, Outcomes for Children and Young People and Justice.

This paper presents to Board Members the Annual Performance Report for the East Ayrshire Health and Social Care Partnership ('the Partnership' / 'HSCP') for 2021/22 (attached at Appendix 1), for members' awareness and assurance.

The Annual Performance Report 2021/22 was presented to the East Ayrshire Audit and Performance Committee on 2 August 2022, the East Ayrshire Integration Joint Board on 17 August 2022 and East Ayrshire Council on 15 September 2022.

2.2 Background

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an integration authority. Under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 (SSI 2014, No. 326), the performance report must cover various specific areas.

This includes an assessment of performance in relation to the national health and wellbeing outcomes with reference to the extent to which the Strategic Plan and associated resources have contributed to the delivery of these national outcomes and performance against key measures in relation to the outcomes. Performance reporting should, under this Scottish Statutory Instrument, similarly relate to the integration principles in the delivery of integration functions, financial performance under the direction of the integration authority and significant decisions made by the integration authority (with reference to decisions where Section 36 of the 2014 Act applies).

SSI 2014 No. 236 also specifies that performance reports should include reference to the integration authority contribution to Best Value, locality arrangements, inspection, and any review of the Strategic Plan undertaken. The Regulations also give scope for the inclusion of other performance related content as determined by the integration authority. The Scottish Government issued Guidance for Health and Social Care Integration Partnership Performance Reports in March 2016. The Guidance reinforces the requirements set out in the 2014 Act and in the SSI, and it provides further detail.

The Guidance requires: the publication of performance reports from 2016/17 onward, the publication of these within four months of the end of the reporting period, consideration of accessible versions and public dissemination. This Guidance includes wider reference to how decisions made by the integration authority have contributed towards the delivery of national outcomes. The Guidance states that performance reports should: “include additional relevant information beyond the minimum set out here in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities”.

2.3 Assessment

2.3.1 Annual Performance Report 2021/22

The Annual Performance Report 2021/22 addresses all of the requirements set out above. The ‘Our Performance’ section is structured according to the 15 national Outcomes for Health and Wellbeing, Children and Young People, and Justice. This section includes a range of relevant performance measures and delivery examples, highlighting personal stories and the outcomes achieved for people.

Performance information was sourced from the Core Suite of Integration Indicators (CSII), measures issued by the Ministerial Strategic Group (MSG) for Health and Community Care in 2016/17 under the banner ‘measuring performance under integration’, and from other local and national datasets. These are incorporated within the Performance Framework and are referenced throughout the Report.

Tackling inequalities including health inequalities, is a cross-cutting priority for the Community Planning Partnership in East Ayrshire and is central to the Wellbeing Delivery Plan, which the HSCP leads on. The Annual Performance Report 2021/22 describes how working with our partners supports the progression of the Wellbeing Delivery Plan and how our work addresses the causes and effects of inequality.

The Annual Performance Report 2021/22 includes sections on: governance and decision-making, financial performance, best value, inspection findings, the Caring for Ayrshire Programme, Audit and Performance Committee activity, lead partnership arrangements and locality planning arrangements. The Report also outlines the Partnership's continued Covid-19 journey and future ambitions.

2.3.2 Performance Summary

East Ayrshire performance has declined across the majority of 'Data' indicators within the CSII throughout 2021/22 in comparison to the previous year. However, there has been improvement in emergency readmission to hospital within 28 days of discharge which fell by 1.8% and a 2.2pp decline in resource spent on hospital stays where the patient was admitted in an emergency. Notable challenges in 2021/22 included the rise in the emergency bed day rate (14.1%) and delayed discharge bed days for older people, however the 103% increase does not reflect that our local performance is well below the national average and most comparable areas. East Ayrshire performance declined across all CSII 'Outcome Indicators' in 2021/22, with significant falls noted in the co-ordination of health and social care services (down 23.5pp), positive experiences of GP practices (down 13.4pp) and people feeling safe (down 15.7pp).

East Ayrshire performance also declined across all core MSG indicators throughout 2021/22 in comparison to the previous year. During calendar year 2021, the rate of unscheduled admissions rose by 8.7% and unscheduled care occupied bed days rose by 14.6%. Compliance with the four hour emergency department standard declined by 11.2 percentage points in 2021/22 and the proportion of last 6 months of life spent in community settings fell by 0.4 percentage points in 2021. The delayed discharge bed day rate increased notably by 67.5% in 2021/22, however this still represents an area of sustained strength, being considerably lower than the national level.

It should be noted that activity levels across some departments were lower during 2020/21 due to social restrictions and the adaptation of service delivery to minimise Covid-19 infection risk, and that increased figures in 2021/22 will reflect a return to more normal levels of provision. It should also be noted that the CSII 'Outcome Indicators' are sourced from the 2021/22 Health and Care Experience (HACE) Survey, which is distributed to GP practice populations. Feedback suggests that the necessary adaptation of GP service delivery during the pandemic to minimise infection risk, has had a negative impact on patients' overall service experience. This changing perception, along with similar restrictions on other health and care services throughout the pandemic, may have influenced HACE survey responses. There were also a significantly lower number of East Ayrshire responses to the HACE Survey in 2021/22 (2,387) compared to the previous 2019/20 reporting period (3,127), which could mean that the most recent findings are less representative than in previous years.

Positive local performance has been recorded across a number of areas out with the CSII and MSG indicators, including: alcohol-related hospital admission, the percentage of people starting drug/alcohol treatment within 3 weeks, Social Enquiry Report submission, Community Payback Orders and child protection re-registrations.

2.3.3 Our Covid-19 Journey

The successful roll-out of the national vaccination programme and the lifting of social restrictions throughout 2021/22, allowed a return to a more normal way of living, however Covid-19 undoubtedly continued to have a significant impact on wellbeing, personal life and wider communities. The HSCP has retained a key role in protecting wellbeing since the onset of the pandemic. A proactive, collaborative and transformative approach was taken between the HSCP, East Ayrshire Council and other key partners to coordinate and utilise resources to safeguard our residents.

A number of the arrangements and operational changes established in 2020/21 were maintained and revised where appropriate during 2021/22 in line with national guidance, to ensure service users and our workforce were kept safe. This included the use of personal protective equipment to maintain physical contact where required, enabling staff to work remotely and adopting alternative delivery methods to maintain contact with service users through digital solutions, telephone calls and home support.

The Report describes a range of activities undertaken locally in response to the Covid-19 pandemic, including the following themes: workforce planning, health and social care provision in the period, workforce wellbeing, care home oversight, protecting the wellbeing of residents and our recovery and renewal progress.

2.3.4 Governance and Decision Making

The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations sets out the membership of the Integration Joint Board (IJB). The voting members of the IJB are appointed through nomination by NHS Ayrshire & Arran and East Ayrshire Council. The IJB's governance decisions throughout 2021/22 reflected various service improvements across the functions delegated to the Partnership by the Integration Partners. The IJB Stakeholder Forum has continued to improve engagement and involvement in decision making during this period, particularly for people who use services and unpaid carers. A review of the Stakeholder Forum was underway at the time of reporting, assessing what is working well and what could be improved upon to ensure its growth and continued effectiveness.

Directions given throughout 2021/22 reflected a number of service and finance areas, including: the Alcohol and Drugs Partnership, Adult Day Opportunities, Community Care contracts, Social Care Contribution and Charging Framework, System Pressures Investment Plan and the Annual Budget 2022/23.

2.3.5 Financial Performance

The IJB must comply with national financial regulations, codes of practice and guidance. As part of our reporting arrangements, audited accounts are presented to the Audit and Performance Committee in August each year for final approval, which are then reported onwards to the IJB before submission to Council and Health Board.

The net cost of provision of services in 2021/22 was £263.251m, representing the significant size and complexity of the organisation. Directly managed expenditure for the 2021/22 financial year is £28.339m less than the budget delegated to the IJB and is partially offset by an adjustment of £3.492m in respect of the Partnership's share of services managed on a pan-Ayrshire basis under Lead Partnership arrangements. Of the resultant population based £24.847m net underspend for 2021/22, £20.642m has been earmarked for specific commitments in future financial years.

2.3.6 Best Value

The IJB's Integration Partners continued their transformational change planning and delivery arrangements in 2021/22 to secure best value. The Partnership's transformational change journey, aligned with the Integration Partners' strategic direction, continues to be driven by the Strategic Commissioning Board and delivered through our Strategic Plan, with oversight from the Audit and Performance Committee.

A strategic programme of best value service reviews commenced in 2019 with the aim of achieving ongoing service improvement through identifying more effective and efficient ways of delivering services to provide better value for money and improved outcomes for people. A number of HSCP service reviews progressed during 2021/22, involving close collaboration with key partners and stakeholders in line with the principles of the Scottish Approach to Service Design. However, due to Covid-19 related pressures, social distancing restrictions and the Partnership's commitment to collaborating with people, the completion timescales of some reviews were revised.

2.3.7 Inspection Findings

The HSCP welcomes scrutiny and processes which provide constructive feedback including from external audit and inspection agencies, as we recognise that such assessments support our continuous improvement ambitions. Inspections across services continued to be impacted by Covid-19 pressures nationally during 2021/22. 71.3% of East Ayrshire care services were graded 'Good' (4) or better in Care Inspectorate inspections in 2021/22, which is a 4.4 percentage point decline from our performance in 2020/21 and lower than the national average (75.8%) in this period.

A joint inspection of Adult Support and Protection arrangements in East Ayrshire took place between April and June 2021, undertaken jointly by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. The final report was published on 3 August 2021 and a number of strengths and areas for improvement were identified in East Ayrshire.

2.3.8 Caring For Ayrshire

Caring for Ayrshire is a transformative change programme, focusing on the best way to meet the health and care needs of citizens through delivering a range of accessible, high quality, safe, effective and sustainable services that are fit for the future. NHS Ayrshire and Arran along with the three IJBs in East, North and South Ayrshire, will set out how health and care service delivery will be optimised over the next ten to twenty years across Ayrshire and Arran in response to current and future challenges.

NHS Ayrshire and Arran is developing an Informing and Engagement Plan to support the relaunch of Caring for Ayrshire. HSCPs will assist with the engagement and will share to existing networks and resources. Locality engagement sessions will take place in 2022/23 to allow East Ayrshire residents to share their views and aspirations for future service delivery in their local area. Whole system partnership Caring for Ayrshire priorities have been reviewed and confirmed, including an assessment of current service provision and infrastructure. Going forward, the focus will be on local need, developments and ambitions.

2.3.9 Audit and Performance Committee

In 2021/22, the Audit and Performance Committee considered internal audit reports from East Ayrshire Council and Grant Thornton LLP on behalf of NHS Ayrshire and Arran, and external auditor reports from Deloitte LLP. In regards to financial assurance, the Committee received a clear audit report from Deloitte LLP, having considered four elements: financial sustainability, financial management, governance and transparency, and value for money. The Committee considered and provided a view on the governance and assurance arrangements and performance reporting to the IJB. The Committee also received regular reports on performance, management and financial arrangements, including the IJB Risk Register in the reporting period.

During 2021/22 the Committee were updated on the outcome of the Joint Inspection of Adult Support and Protection and the resulting Improvement Action Plan. The Committee also received a report on the implementation of the new NHS Scotland National Whistleblowing Standards. The Committee receive regular updates on the Standards, whistleblowing concerns relating to the IJB, and any local learning that can be applied following whistleblowing concerns raised across NHS Ayrshire and Arran.

2.3.10 Localities

We continue to embed a locality-based approach to service planning and delivery to meet local needs. During 2021/22, the three Locality Planning Groups developed their Strategic Action Plans, identified locality-based priorities and agreed activities to address these concerns. The priorities for Locality Planning in East Ayrshire include: establishing greater levels of community participation and engagement, improving transportation and connectivity, tackling social Isolation and loneliness, supporting initiatives to tackle poverty, improving home safety and to ensure addiction related stigma is not a barrier for support and treatment. A key initiative across the Locality Planning Groups is the implementation of a 'Localities Communications Charter' and establishing a common approach to engagement and information sharing.

We have witnessed a strong community spirit and an overwhelmingly positive response to the Covid-19 situation across our communities. Effective community engagement was fundamental to our initial response and this has continued to support our recovery and renewal. We have worked to sustain the cross-cutting, partnership delivery arrangements and community-led activity that developed during this period as we recognise that people and communities are the experts in what will best support their wellbeing. Our innovative collaboration and engagement practice has enabled us to embed a place-based approach to service planning and delivery, and for local leadership of community wellbeing through the Locality Groups.

2.3.11 Lead Partnership Arrangements

Lead Partnership arrangements continue to be in place across Ayrshire and Arran. The East Ayrshire HSCP has lead responsibility for Primary and Urgent Care Services. This responsibility relates to: General Medical Services, Community Pharmacies, Community Optometry, Dental Practices, Public Dental Service and the Ayrshire Urgent Care Service. The North Ayrshire HSCP is the lead Partnership in Ayrshire for specialist and in-patient Mental Health Services and some Early Years Services. The South Ayrshire HSCP is the lead partnership for the Integrated Continence Service and the Family Nurse Partnership.

Primary and Urgent Care services have played a key role in protecting health and wellbeing during the pandemic, with service delivery having continued to be adapted throughout 2021/22 to minimise the risk of infection to staff and patients. A joint approach to the delivery of healthcare provision has been a priority for all services to ensure our citizens can access the right care in the right place at the right time. Relationships with service providers across Ayrshire and Arran have strengthened in this period with a focus on providing priority care.

2.3.12 Looking Ahead

The Strategic Plan 2021-30 outlines the Partnership's commitment to delivering transformational change and developing services to ensure they are fully responsive to local needs and contribute towards improved outcomes for people. To achieve our ambitions, the Partnership has set out short, medium and long term objectives aligned to six core strategic commissioning intentions: Starting Well and Living Well; Caring for East Ayrshire; People at the Heart of What We Do; Caring for Our Workforce; Safe and Protected; and Digital Connections.

The HSCP reflected on the findings and proposals from the Independent Review of Adult Social Care in Scotland, which is reflected in the strategic framework and policy context of our Strategic Plan. We continue to be well placed regarding many of the recommendations and we have fully participated in the National Care Service for Scotland consultation. Good progress also continues in embedding the aspirations and values of The Promise within our local practice, as illustrated in the Report.

Service Improvement Plans drive improvement activities across the Partnership's main service portfolios. The current Service Improvement Plans cover the period 2021 to 2024 across the five HSCP service portfolios: Locality Health and Care Services, Wellbeing and Recovery Services, Children's Health, Care and Justice Services, Primary and Urgent Care Services and Allied Health Professional Services.

2.3.13 Quality/patient care

The Annual Performance Report 2021/22 demonstrates our performance in relation to national outcomes for health and wellbeing, children and justice, which relate directly to those who use services. Content within the Report includes key performance indicators and examples of what was delivered in East Ayrshire to illustrate the impact achieved for people during the reporting period.

2.3.14 Workforce

There are no workforce implications arising directly from the report.

2.3.15 Financial

The Annual Performance Report 2021/22 aligns with the production of the Annual Accounts for the same period and cross-refers to these. The net cost of provision of services in 2021/22 was £263.251m, illustrating the scale of the organisation.

2.3.16 Risk assessment/management

There are no risk implications arising directly from the report.

2.3.17 Equality and diversity, including health inequalities

An impact assessment has not been completed as there are no Equality Implications arising directly from the report.

2.3.18 Other impacts

Legal: The Annual Performance Report 2021/22 is prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.

Community Planning: The Annual Performance Report 2021/22 aligns with the Community Plan: Wellbeing Delivery Plan. It also links to Economy and Skills and Safer Communities Delivery Plans.

Best Value: The Annual Performance Report 2021/22 illustrates the Partnership's commitments in terms of: vision and leadership; effective partnership working; governance and accountability; use of resources; and performance management.

2.3.19 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- Audit and Performance Committee, 2 August 2022;
- Strategic Planning Group, 10 August 2022;
- Integration Joint Board, 17 August 2022;
- East Ayrshire Council, 15 September 2022; and
- Annual Performance Report published on the East Ayrshire HSCP's 'Our Performance' website on 29 July 2022.

2.3.20 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Audit and Performance Committee, 2 August 2022;
- Strategic Planning Group, 10 August 2022;
- Integration Joint Board, 17 August 2022; and
- East Ayrshire Council, 15 September 2022.

2.4 Recommendation

For awareness. Members are asked to note the East Ayrshire Health and Social Care Partnership Annual Performance Report 2021/22.

3. List of appendices

The following appendices are included with this report and [online](#)

- Appendix 1 - East Ayrshire Health and Social Care Partnership Annual Performance Report 2021/22.

Health & Social Care Partnership

Annual Performance Report



2021/22



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1 Introduction

Welcome to the East Ayrshire Health and Social Care Partnership Annual Performance Report, covering the 2021/22 period. Through a combination of qualitative and quantitative information, this document illustrates and evidences how we have performed against our outcomes for health, wellbeing, children and young people and justice during 2021/22, our seventh year of operation. It also follows up on the information published in our previous Annual Performance Reports, providing a year-on-year review of our local progress.

The Annual Performance Report is an opportunity to reflect on the past year and to celebrate the work and achievements of our services, employees and partners. It is also a key document which allows us to acknowledge the main challenges that we currently face and will likely experience in the future, with the Covid-19 pandemic being a prominent theme over the last two years. Progress is measured through tracking key actions, work plans and performance indicators, and this report outlines a range of relevant measures of progress and sets out some of the main areas that we have been working to improve on, in addition to describing the impact achieved for people in our communities.

Section 42 of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) obliges Partnerships to produce Annual Performance Reports, which set out an assessment of performance in relation to planning and delivering their functions. Furthermore, the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 ("the Performance Regulations"), instructs the content that Annual Performance Reports must contain.

This Report is produced to meet the East Ayrshire Health and Social Care Partnership's obligation in relation to annual performance reporting and is for the benefit of our local communities. Much of the content focuses on our performance against the National Health and Wellbeing Outcomes, Outcomes for Children and Young People and Justice, and the Report fully adheres to [national guidance](#). The Report is delivered in the context of the national and local policy framework, the East Ayrshire Community Plan 2015-30 and the East Ayrshire Health and Social Care Partnership Strategic Plan 2021-30. A comprehensive [assessment and time series of our local performance](#) can be found at www.east-ayrshire.gov.uk.

The East Ayrshire Health and Social Care Partnership ("the Partnership" / "HSCP") formed in April 2015, bringing together health and care services in East Ayrshire. The Partnership includes the full range of

community health and care services and is also the 'Lead Partnership' across Ayrshire and Arran for Primary and Urgent Care Services. The Partnership is a large and complex organisation, bringing together a range of partners, services and significant financial resources. The Partnership is responsible for achieving local and national objectives, therefore it is important to publicly report on how we are performing against the agreed outcomes that we aspire to.

The Partnership's work and ambitions align with East Ayrshire's Community Plan for 2015-30. In taking forward our key objectives, we work towards a vision of:

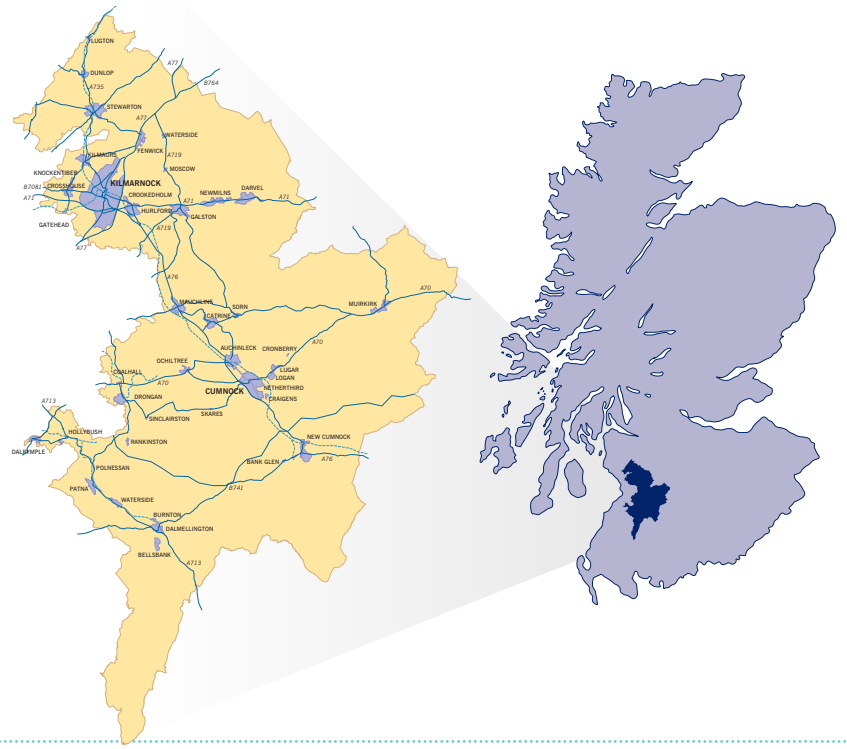
"Working together with all of our communities to improve and sustain wellbeing, care and promote equity."

While circumstances improved with the roll-out of the national vaccination programme and the gradual lifting of restrictions, Covid-19 has undoubtedly continued to have a significant impact on wellbeing, personal life and communities throughout 2021/22. Examples of our local service delivery during this challenging period are set out in section 3 within this Report, in addition to an overview of our continued Covid-19 journey in section 4. It is important to acknowledge that pressures and circumstances related to the pandemic have impacted on the progress of some improvement actions and also our performance in some areas during the reporting period.

The infographics below highlight some characteristics of the East Ayrshire population in terms of health and wellbeing, demography and socio-economic circumstances within the authority. To access a wider range of similar information relating to East Ayrshire, please see the [East Ayrshire HSCP's Strategic Needs Assessment](#).

East Ayrshire Profile

- Spans 490 square miles in South West Scotland
- Incorporates urban and rural communities
- Population 121,600 - 2.22% of Scotland's total population
- Population expected to fall by 1.55% by 2028



Age Profile



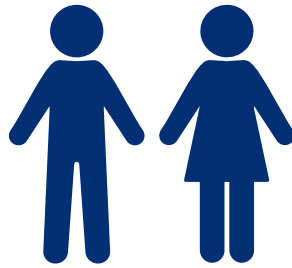
0 - 15 year olds

20,869

17.2% of population
(Scotland 16.8%)

Expected to fall to
16.3% of the population
by 2028

(Scotland 15.6%)



16 - 64 year olds

75,511

62.1% of population
(Scotland 63.9%)

Expected to fall to
60% of the population
by 2028

(Scotland 62.3%)



people aged 65+

25,220

20.7% of population
(Scotland 19.3%)

Expected to
rise to 23.6% of the
population by 2028

(Scotland 22.1%)

Life Expectancy



Life Expectancy 75.2 years
(Scotland 76.8 years)

**Healthy life expectancy
57.2 years**
(Scotland 60.9 years)

**76% of life spent in good
health** (Scotland 79.3%)



Life Expectancy 79.8 years
(Scotland 81 years)

**Healthy life expectancy
59.1 years**
(Scotland 61.8 years)

**74.1% of life spent in good
health** (Scotland 76.3%)

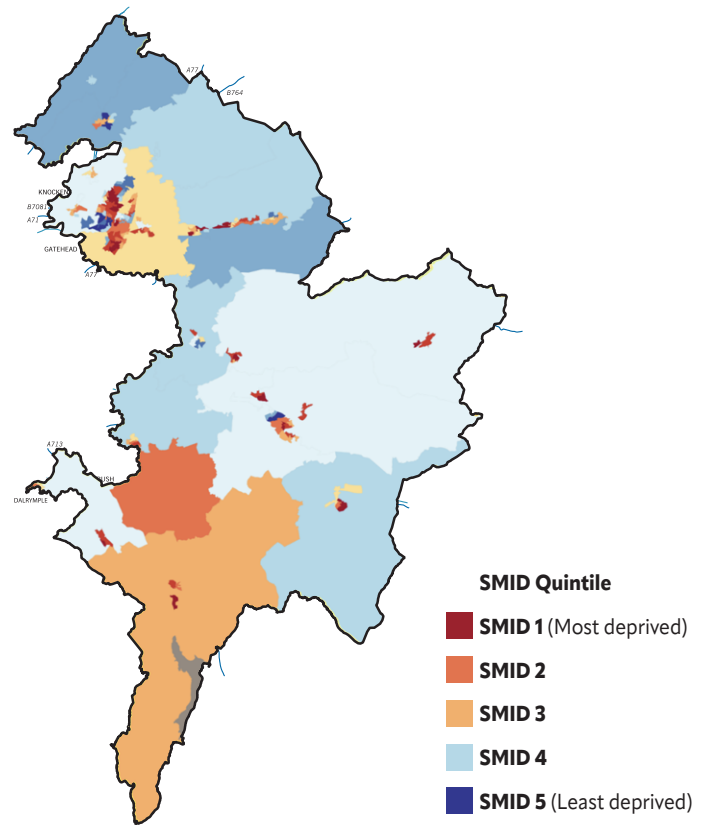
Deprivation

31.3% of the population of East Ayrshire live within the most deprived Scottish index of Multiple Deprivation Quintile (SIMD)

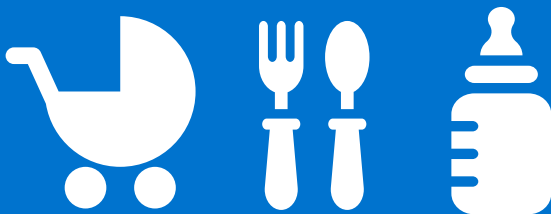


The table below details the percentage of the population within East Ayrshire living in the 2020 Scottish Index of Multiple Deprivation (SIMD) most deprived quintiles for each domain and the ranking of East Ayrshire amongst the 32 Scottish Local Authorities for each domain.

East Ayrshire	Income	Employment	Education	Health	Access	Crime	Housing	Overall
% of population	28.8%	32.5%	25.8%	28.2%	24.5%	22.7%	2.45%	31.3%
Rank	7	6	8	8	13	8	25	7



Early Years



19.5% of East Ayrshire babies are exclusively breastfed at 6-8 weeks (Scotland 32%)

19.4% of East Ayrshire children have at least one developmental concern at 27-30 months (Scotland 14.7%)

72.7% of East Ayrshire children have a healthy weight in Primary 1 (Scotland 76.3%)

68.9% of children within East Ayrshire have no obvious dental decay in Primary 1 (Scotland 76.3%)

Long Term Health Conditions



More than a quarter (26%) of the East Ayrshire population have at least one physical long term health condition (Scotland 19%)

The five most common long term conditions within East Ayrshire are asthma, arthritis, coronary heart disease, cancer and diabetes

Between 2022/23 and 2030/31 it is projected that the number of people within East Ayrshire living with dementia will have increased by 12.5% and the number of people with Parkinsons will have increased by 11.2%

Mental Health



20.9% of East Ayrshire residents are prescribed medication for anxiety/depression/psychosis (Scotland 19.3%)

Within East Ayrshire the rate of deaths by suicide is 16.8 per 100,000 (Scotland 14.1)

The number of mental health unscheduled bed days for people living in East Ayrshire aged 18 and over is projected to increase by 2.3% between 2022/23 and 2030/31

Harmful Behaviours



The rate of alcohol related hospital admissions in East Ayrshire is 561.1 per 100,000 (Scotland 621.3)

During 2020, there were 36 drug related deaths in East Ayrshire, a rate of 32.1 per 100,000 (Scotland 25.4%)

124.9 incidents of domestic abuse were recorded in East Ayrshire per 10,000 (Scotland 115.1)

17.5% of mothers in East Ayrshire smoke during pregnancy (Scotland 13.1%)

Economic Status



East Ayrshire has the 7th highest level of deprivation amongst Scottish Local Authorities

17.6% of East Ayrshire households are estimated to be workless (Scotland 18.1%)

19.9% of children within East Ayrshire are living with low income families (UK 18.7%)

In May 2021, 21% of all East Ayrshire households were on Universal Credit, almost 12,000 households (Scotland 16%)

Community



53.2% of adults living in East Ayrshire rate their neighbourhood as a good place to live (Scotland 59.1%)

The crime rate in East Ayrshire is 45 per 1,000 population (Scotland 45)

The rate of non-accidental fires in East Ayrshire is 487 per 100,000 population (265)

In East Ayrshire, 69 drug crimes are recorded per 10,000 population (64.8)

Community Plan 2015-30

The [East Ayrshire Community Plan 2015-30](#) is the sovereign and overarching planning document for East Ayrshire, which provides the local strategic policy framework for the delivery of public services by all partners. The vision set out in the Community Plan is that:

“East Ayrshire is a place with strong, safe and vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people’s needs.”

Implementation of the Community Plan is through the following three thematic Delivery Plans:

Economy and Skills

Safer Communities

Wellbeing

The Health and Social Care Partnership has a lead role in taking forward the Wellbeing theme as well as a key contributory role in the delivery of the Economy and Skills and Safer Communities aspects. Strategic Priorities under the Wellbeing theme of the Community Plan are:

- Children and young people, including those in early years and their carers, are supported to be active, healthy and to reach their potential at all life stages;
- All residents are given the opportunity to improve their wellbeing, to lead an active, healthy life and to make positive lifestyle choices;
- Older people and adults who require support and their carers are included and empowered to live the healthiest life possible; and
- Communities are supported to address the impact that inequalities have on the health and wellbeing of our residents.

In 2020/21, the Community Planning Partnership reviewed the Community Plan 2015-2030, in the context of the Covid-19 pandemic and with a particular focus on tackling inequality. The outcomes of the review are reflected in a [Community Plan Review Supplement](#), which sets out two

key strategic priorities over the next three years: The Ayrshire Growth Deal and Caring for Ayrshire.

The Partnership’s commissioning intentions continue to focus on the ‘triple aim’ of the national [Health and Social Care Delivery Plan](#), summarised as:

- **Better Care:** improving the quality of care by targeting investment at improvement and delivering the best, most effective support;
- **Better Health:** improving health and wellbeing through support for healthier lives through early years, reducing health inequalities and focusing on prevention and self-management, and;
- **Better Value:** increasing value and sustainability of care by making best use of available resources, ensuring efficient and consistent delivery, investing in effectiveness, and focusing on prevention and early intervention.

National Outcomes - Health and Wellbeing, Children and Justice

The [15 national outcomes](#) reflecting health and wellbeing, children and justice, continue to frame the Partnerships’ activities, with delivery examples and evidence of our performance aligned to these outcomes set out in section 3 within this Report.

Health and Social Care Partnership Strategic Plan 2021-30

Our third [Strategic Plan](#) was developed during 2020/21 and is in place for 2021-30, which aligns with the Community Planning Partnership’s vision and strategic objectives. A strategic framework of enablers and local priority areas, combined with the Partnership’s core values, are well established to deliver our strategic priorities and achieve our vision.

Strategic and Performance Frameworks

The content within this Report evidences the extent to which delivering our Strategic Plan has contributed towards the National Outcomes, through assessing our performance against key indicators, demonstrating the impact of local service delivery on people’s outcomes and in relation to the principles of integration.

Our full strategic and performance framework can be found at www.east-ayrshire.gov.uk.

2 Measuring Performance Under Integration

Since January 2018, Partnerships have been working to local objectives and trajectories set out by the Ministerial Strategic Group for Health and Community Care (MSG), for improvement in relation to six key indicators which aim to provide a whole system overview of performance. Analysis and commentary regarding our performance against the MSG measures is included within this Report across the appropriate health and wellbeing outcomes, as summarised in the table below.

The MSG information relates to a range of activities under the umbrella of 'unscheduled care', activities that support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevention of related re-admission to hospital and end of life care. Unscheduled care is a core element of the health and social care system and as such, our services require to be responsive to need whilst being transformative in that, where appropriate, patient contact is moved from reactive to proactive planned engagement and from hospital settings to the community.

Summary of performance against MSG measures

MSG Measure	Performance	Status
Unscheduled Admissions*	2021/22 Trajectory: reduce rate of growth to 5% 2021 Performance: rate reduced by 1.4% from baseline	✓
Occupied Bed Days Unscheduled Care (acute)*	2020/21 Trajectory: reduce by 4% 2021 Performance: rate reduced by 0.9%	●
Emergency Department- Compliance with 4 hour standard	2021/22 Trajectory: 95% admitted, discharged or transferred within 4 hours 2021/22 Performance: 77.9% admitted, discharged or transferred within 4 hours	●
Delayed Discharge bed days (including Code 9)	2021/22 Trajectory: reduce delayed discharges (All reasons) by 20%; reduce delayed discharges (Code 9) by 25%; reduce delayed discharges (Other) by 8% 2021/22 Performance: delayed discharges (All reasons) increased by 8.6%; delayed discharges (Code 9) increased by 17.1%; delayed discharges (Other) reduced by 11.8%	✓
End of Life Care- Proportion of last 6 months of life spent in community setting*	2021 Calendar Year Trajectory: Increase to 91.7% 2021 Calendar Year Performance: Decreased to 90.2%	●
Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home (supported and unsupported)	2020/21 Trajectory: N/A 2020/21 Performance: 96.5% of population aged 65+ living at home (supported and unsupported) 2021/22 Trajectory: N/A 2021/22 Performance: N/A	—

* Calendar year 2021 is used as a proxy for 2021/22 due to the national data for 2021/22 being incomplete, following guidance issued by Public Health Scotland.

Throughout 2021/22, activity reports aligned to the MSG indicators were regularly presented to the Audit and Performance Committee and NHS Ayrshire and Arran Health Board, analysing performance in respect of pressures within the health and care system experienced as a result of local demand for unscheduled care. It should be noted that some of the figures presented below may not be truly reflective of activity during 2021/22 due to the varying impact of Covid-19 at different points of the pandemic. This is also reflected in the performance of other areas throughout Scotland during this period.

East Ayrshire Performance Against MSG Indicators: 2020/21 - 2021/22 Financial Years

	East Ayrshire 2020/21	East Ayrshire 2021/22	Variance
MSG01 - Unscheduled Admissions (all ages) (rate per 1,000 total population) *	122.6	133.2	+ 8.6% ▲
MSG02 - Occupied Bed Days Unscheduled Care (all ages, acute specialities) (rate per 1,000 total population) *	733.2	840.1	+ 14.6% ▲
MSG03 - Emergency Department: compliance with the four-hour standard (all ages)	89.1%	77.9%	- 11.2pp ▼
MSG04 - Delayed Discharge Bed Days (including code 9s) (rate per 1,000 18+ population)	39.0	65.3	+ 67.4% ▲
MSG05 - End of Life Care – proportion of the last 6 months of life spent in community setting *	90.6%*	90.2%*	- 0.4pp ▼
MSG06 - Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home (supported and unsupported) **	96.5%	Not available**	

* Please note that the figures for MSG01, MSG02 and MSG05 reflect calendar year 2021. Calendar year 2021 figures are used as a proxy for 2021/22 due to the national data for 2021/22 being incomplete, following guidance issued by Public Health Scotland.

** 2020/21 updates for MSG06 were not available at the time of reporting.

2021/22 has been a challenging year, with the core MSG indicators all showing a decline in performance in comparison to the previous year, as displayed in the table above. During calendar year 2021, the rate of unscheduled admissions rose by 8.6% and unscheduled care occupied bed days rose by 14.6%. Compliance with the four hour emergency department standard declined significantly by 11.2 percentage points during 2021/22 and the proportion of last 6 months of life spent in community settings fell by 0.4 percentage points in calendar year 2021. The rate of delayed discharge bed days increased notably by 67.4% in 2021/22, however, this still represents an area of sustained strength being considerably lower than the national rate. It should be noted that activity levels across some departments were lower during 2020/21 due to social restrictions and the adaptation of service delivery to minimise Covid-19 infection risk, and that increased figures in 2021/22 will reflect a return to more normal levels of service provision.

MSG Indicator Benchmarking – 2021/22 Calendar Year

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inverclyde	West Dumbar-tonshire	Glasgow City
MSG01 - Unscheduled Admissions (all ages) (per 1,000 population) *	103.5	133.2	109.2	112.9	129.4	130.9	111.0	113.8	104.8
MSG02 - Occupied Bed Days Unscheduled Care (all ages, acute specialities) (per 1,000 population) *	6971	840.1	947.5	640.5	960.6	733.6	933.7	902.9	803.6
MSG03 - Emergency Dept: compliance with the four-hour standard (all ages)	78.0%	77.9%	95.8%	93.0%	75.3%	72.6%	82.7%	80.3%	79.6%
MSG04 - Delayed Discharge Bed Days (including code 9s) (per 1,000 18+ population)	121.7	65.3	246.2	148.5	159.5	1170	60.4	144.5	123.7
MSG05 - End of Life Care – proportion of the last 6 months of life spent in community setting *	90.1%	90.2%	90.7%	91.6%	88.9%	90.2%	88.7%	90.0%	89.5%
MSG06 - Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home**	96.5%	96.5%	96.6%	95.9%	96.7%	97.1%	95.6%	96.2%	95.2%

* Please note that the figures for MSG01, MSG02 and MSG05 reflect calendar year 2021. Calendar year 2021 figures are used as a proxy for 2021/22 due to the national data for 2021/22 being incomplete, following guidance issued by Public Health Scotland.

** Figures for MSG06 relates to 2020/21 as figures for 2021/22 are not yet available.

The table above displays East Ayrshire performance alongside comparator areas throughout 2021/22 within our benchmarking 'Family Group' developed by the Local Government Benchmarking Framework and the Improvement Service. The figures highlight that East Ayrshire has performed well in relation to delayed discharge bed days, end of life care and balance of care. However, the data indicates that improvement is required in regards to unscheduled admissions, unscheduled care bed days and compliance with the four-hour emergency department standard.

The Core Suite of Integration Indicators (CSII) draw together measures that are appropriate for the whole system under integration, developed to provide an indication of progress towards key outcomes that can be compared across partnerships and described at a national level.

CSII (Outcome Indicators) Benchmarking - 2021/22

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inverclyde	West Dumbar-tonshire	Glasgow City
CSII-01: Percentage of adults able to look after their health very well or quite well	90.9%	89.5%	93.4%	88.6%	88.8%	87.5%	90.1%	89.9%	88.1%
CSII-02: Percentage of adults supported at home who agree that they are supported to live as independently as possible	78.8%	76.1%	82.5%	84.0%	81.3%	79.8%	82.9%	83.2%	80.3%
CSII-03: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	70.6%	71.0%	72.4%	75.0%	73.5%	67.1%	66.7%	75.1%	71.1%
CSII-04: Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	66.4%	60.0%	70.8%	77.5%	64.4%	66.6%	68.6%	77.2%	70.1%
CSII-05: Percentage of adults receiving any care or support who rate it as excellent or good	75.3%	79.6%	82.6%	84.1%	75.8%	74.0%	81.3%	77.5%	74.9%
CSII-06: Percentage of people with positive experience of care at their GP practice	66.5%	56.9%	80.2%	66.6%	61.2%	51.8%	58.7%	64.6%	71.4%
CSII-07: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	78.1%	75.7%	84.2%	71.5%	77.6%	77.0%	79.6%	85.7%	79.6%
CSII-08: Percentage of carers who feel supported to continue in their caring role	29.7%	27.6%	41.2%	26.8%	30.8%	25.1%	28.7%	31.7%	33.7%
CSII-09: Percentage of adults supported at home who agree they felt safe	79.7%	73.0%	88.0%	77.1%	83.0%	79.8%	81.9%	87.9%	81.0%

The table above provides a comparison across the CSII 'Outcome Indicators' (sourced from the 2021/22 Health and Care Experience Survey), within East Ayrshire's 'Family Group' of comparators. The figures demonstrate that East Ayrshire has performed well in some areas including: adults being able to look after their health very well or quite well and care or support being rated as excellent or good. However, the figures also highlight numerous areas which could be improved in East Ayrshire, such as supporting people to live as independently as possible, health and social care services being well co-ordinated and people feeling safe.

East Ayrshire Performance Against CSII (Outcome Indicators): 2019/20 – 2021/22

	East Ayrshire 2019/20	East Ayrshire 2021/22	Variance
CSII-01: Percentage of adults able to look after their health very well or quite well	92.0%	89.5%	2.5pp ▼
CSII-02: Percentage of adults supported at home who agree that they are supported to live as independently as possible	86.2%	76.1%	10.1pp ▼
CSII-03: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	78.8%	71.0%	7.8pp ▼
CSII-04: Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	83.5%	60.0%	23.5pp ▼
CSII-05: Percentage of adults receiving any care or support who rate it as excellent or good	79.7%	79.6%	0.1pp ▼
CSII-06: Percentage of people with positive experience of care at their GP practice	70.3%	56.9%	13.4pp ▼
CSII-07: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	87.1%	75.7%	11.4pp ▼
CSII-08: Percentage of carers who feel supported to continue in their caring role	35.8%	27.6%	8.2pp ▼
CSII-09: Percentage of adults supported at home who agree they felt safe	88.7%	73.0%	15.7pp ▼

The table above provides the data for CSII 'Outcome Indicators'. The figures for all indicators show a decline in performance with significant falls noted in the co-ordination of health and social care services (down 23.5pp), positive experiences of GP practices (down 13.4pp) and people feeling safe (down 15.7pp). The care and support rated as excellent or good measure fell minimally by 0.1pp, whilst the result for people being able to look after their health very well or quite well dropped slightly by 2.5pp in this period.

It should be noted that the CSII 'Outcome Indicators' are sourced from the 2021/22 Health and Care Experience (HACE) Survey, which is distributed to GP practice populations across Scotland. Local and national feedback suggests that the necessary adaptation of General Practitioner service delivery to minimise the risk of infection to staff and patients along with a significant increase in demand for GP services during the pandemic, has had a negative impact on patients' overall service experience. This changing perception, along with similar restrictions on other health and care services throughout the pandemic, may have influenced responses to questions across the HACE Survey. It should also be noted that there were a significantly lower number of East Ayrshire responses to the HACE Survey in 2021/22 (2,387) compared to the previous 2019/20 reporting period (3,127), which could mean that the most recent findings are less representative of the wider East Ayrshire population than in previous years. These factors may, to an extent, account for the decline in our local performance in relation to the CSII 'Outcome Indicators'.

CSII (Data Indicators) Benchmarking – 2021 Calendar Year / 2021-22 Financial Year

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inverclyde	West Dumbar-tonshire	Glasgow City
CSII-11: Premature mortality rate per 100,000 (2021)	466	556	428	599	568	580	509	627	661
CSII-12: Emergency admission rate per 100,000 (2021) *	11,636	14,566	13,842	12,320	14,397	15,076	13,171	13,156	11,798
CSII-13: Emergency bed day rate for adults per 100,000 (2021) *	109,429	123,058	124,939	105,538	148,528	113,993	142,573	133,255	121,189
CSII-14: Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges) (2021) *	110	123	106	139	116	116	93	96	104
CSII-15: Proportion of last 6 months of life spent at home or in the community (2021) *	90.1%	90.2%	90.7%	91.6%	88.9%	90.2%	88.7%	90.0%	89.5%
CSII-16: Falls rate per population aged 65+ (2021) *	23.0	18.9	24.8	31.8	20.7	21.4	21.6	22.7	28.5
CSII-17: Proportion of care services graded 'Good' (4) / better in Care Inspectorate Inspections (2021/22 FY)	75.8%	71.3%	78.7%	74.0%	78.8%	78.1%	85.1%	87.7%	83.7%
CSII-18: Percentage of adults with intensive care needs receiving care at home (2021)	64.9%	67.6%	62.5%	63.2%	76.8%	75.0%	68.1%	72.1%	60.8%
CSII-19: Number of days people aged 75+ spend in hospital when ready to be discharged, per 1,000 population (2021/22 FY)	761	399	1305	799	819	831	296	972	828
CSII-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (2019/20 FY) **	24.2%	26.8%	20.0%	23.8%	30.2%	21.7%	25.5%	23.2%	26.0%

* 2021 calendar year figures have been applied for indicators: 12, 13, 14, 15 and 16. Calendar year 2021 figures are used as a proxy for 2021/22 due to the national data for 2021/22 being incomplete, following guidance issued by Public Health Scotland. 2021/22 financial year data has been provided for indicators 17 and 19.

** NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, Public Health Scotland have not provided information for indicator 20 beyond 2019/20. Public Health Scotland previously published information to calendar year 2020 using costs from 2019/20 as a proxy however, given the impact of the pandemic on activity and expenditure, it is no longer considered appropriate to include this information.

The table above provides a comparison across the CSII within East Ayrshire's 'Family Group' of comparators. The figures indicate that East Ayrshire has performed well in a number of areas in relation to comparators, including: premature mortality rate, falls rate for older people and delayed discharge for older people. However, the figures also identify various areas which could be improved in East Ayrshire when compared to other comparable local authorities, such as: emergency admission rate, readmission within 28 days and the proportion of care services graded 'Good' or better in Care Inspectorate Inspections.

East Ayrshire Performance Against CSII (Data Indicators): 2019/20 – 2020 / 2020/21

	East Ayrshire 2020 / 2020/21	East Ayrshire 2021 / 2021/22	Variance
CSII-11: Premature mortality rate per 100,000 (2020 v 2021)	512	556	8.6% ▲
CSII-12: Emergency admission rate per 100,000 (2020 v 2021) *	13,792	14,566	5.6% ▲
CSII-13: Emergency bed day rate for adults (per 100,000 population) (2020 v 2021) *	107,863	123,058	14.1% ▲
CSII-14: Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges) (2020 v 2021) *	125	123	1.6% ▼
CSII-15: Proportion of last 6 months of life spent at home or in a community setting (2020 v 2021) *	90.6%	90.2%	0.4pp ▼
CSII-16: Falls rate per population aged 65+ (2020 v 2021) *	18.2	18.9	3.8% ▲
CSII-17: Proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections (2020/21 v 2021/22)	75.7%	71.3%	4.4pp ▼
CSII-18: Percentage of adults with intensive care needs receiving care at home (2020 v 2021)	71.1%	67.6%	3.5pp ▼
CSII-19: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (2020/21 v 2021/22)	196	399	103.6% ▲
CSII-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (2018/19 v 2019/20) **	28.9%	26.8%	2.1pp ▼

* 2021 calendar year figures have been applied for indicators: 12, 13, 14, 15 and 16. Calendar year 2021 figures are used as a proxy for 2021/22 due to the national data for 2021/22 being incomplete, following guidance issued by Public Health Scotland. 2021/22 financial year data has been provided for indicators 17 and 19.

** NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, Public Health Scotland have not provided information for indicator 20 beyond 2019/20. Public Health Scotland previously published information to calendar year 2020 using costs from 2019/20 as a proxy however, given the impact of the pandemic on activity and expenditure, it is no longer considered appropriate to include this information.

East Ayrshire has seen performance decline across the majority of 'Data' indicators within the CSII throughout 2021/22 in comparison to the previous year. However, there has been improvement in emergency readmission to hospital within 28 days of discharge which fell by 1.6%, a 2.1pp decline in resource spent on hospital stays where the patient was admitted in an emergency, and only a minimal change in the proportion of last 6 months of life spent at home or in a community setting which fell by 0.4pp. The most notable challenges experienced during 2021/22 were the rise in the emergency bed day rate (14.1% increase) and delayed discharge bed days for older people, however the increase of 103.6% does not reflect that our local 2021/22 performance is well below the national average and most comparable areas. It should be noted that activity levels across some departments were lower during 2020/21 due to social restrictions and the adaptation of service delivery to minimise Covid-19 infection risk, and that increased figures in 2021/22 will reflect a return to more normal levels of service provision.

3 Our Performance 2021/22

Outcomes 1-3 :

- Our children and young people have the best start in life,
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens,
- We have improved the life chances for children, young people and families at risk

Our Performance



95.7% of babies born at a healthy weight



Percentage of P1 children with a healthy weight has declined from 72.7% to 63.9%



We continue to exceed target for foster carer recruitment



Percentage of Looked After and Accommodated Children with three or more moves has increased slightly from 31.5% to 32.7%

Delivering our plan & What matters to you

The Partnership's Promise Implementation Lead came into post in December 2021 to manage the newly formed Promise Participation and Improvement team, which comprises 3 Reviewing Officers, 3 Participation Leads and a Modern Apprentice for Participation. The team work to influence and achieve positive transformational change in East Ayrshire, ensuring that the voices of children and young people are central in delivering our aspiration to #keepthepromise. A Promise Oversight Group has been established to take forward and oversee this work, who at the time of reporting, are undertaking a self evaluation of progress against the outcomes identified in *The Promise: Plan 21-24*. This evaluation will enable the HSCP to assess the work already underway to #keepthepromise and will provide an evidence based baseline to guide priorities for the next stage of implementation.

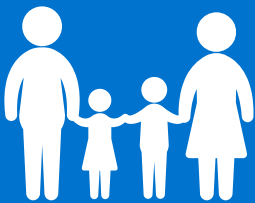


The team have developed plans for supporting the participation and engagement of East Ayrshire's care experienced young people and their families through adopting a person-centred planning approach called PATH (Planning Alternative Tomorrow's with Hope), to articulate a vision for their work and identify the first steps in achieving this vision. The team is building relationships with children, families and partners in the 6 HEART community areas to collaboratively consider how to develop participation work in a way that reflects what is important to children and young people.



7 new fostering families recruited in 2021/22

3 adoptive families approved



5 children moved from foster care to live with adopters

The Fostering Service has continued to deliver key functions throughout the reporting period to ensure positive outcomes for our children and young people. Recruitment has remained a key area of focus for the service, with 7 new fostering families being recruited in the last year, with some of whom already having experience from external fostering agencies. Maintaining sufficient foster carer capacity and having foster carers who can help children to continue to live with their siblings, are priorities of 'The Promise' and key objectives from the Service's recent best value service review. The Service is delighted to announce that 2021/22 is the second consecutive year of healthy recruitment, however it is recognised that notable challenges remain both locally and nationally.

The Adoption Service has continued to deliver important functions during 2021/22 by placing children with adoptive families, in addition to identifying practice improvements. Three adoptive families were assessed and approved within the reporting period and there continues to be strong interest from people wishing to become parents through adoption. Five children have been supported to move from foster care to live with adoptive families in this period and the Service has revised the management of these transitions to improve how our children are supported throughout the move. This included the introduction of daily video calls from adoptive families in the week before they met the child for the first time, which was found to reduce feelings of anxiety.

Our Children's Houses Service continued to be available 365 days during 2021/22. Despite experiencing significant challenges associated with Covid-19, the Service ensured that the care and support provided to each individual was person-centred, engaging and empowering, with children's rights being central to all practice. When social restrictions eased, our children and young people were able to enjoy a number of holidays and trips, including days out to a zoo, holiday parks and lodges across Scotland and England. Teams celebrated young people moving on from the Service and various occasions including birthdays, Christmas and Halloween. The Service also used funding provided to improve the house gardens, which has been a great success and has brought much enjoyment for both the children and carers.

The newly established Kinship Support Team have continued to provide bespoke support to kinship carers in East Ayrshire throughout 2021/22, whom have greatly benefited from the support, with the team having helped some families to move out of crisis situations during this period. An approach of developing peer to peer kinship support for carers is being progressed at the time of reporting, based within local hubs and clusters where kinship carers can meet to share their experiences, support and learn from each other, in addition to accessing training and assistance directly from the Kinship Support Team if required.





Mind of My Own is a software application utilised within Children’s Services to gather children and young people’s views. Young people can use it independently or be supported by practitioners, to express feelings about their wellbeing and on a range of issues that are important to them. An ‘Express App’ is also available for younger children with additional support needs and a new feature within this was developed in 2021/22 which allows users to set up accounts and complete the 6 Express features either independently or with support.

Young person:
“Its great that I can use it at any time. It helps me remember what I want to say”

Mind of My Own empowers young people to have a voice and ensures that their views and feelings are heard, whilst providing an attractive way for children and young people to start the conversation. The app also enables staff to capture and evidence their

views, ensuring they are heard and considered, meeting quality standards relating to the voice of the child. More than 250 statements from children and young people have been received through this platform to date.

The Children’s Services Wellbeing Model is a collaborative and transformational approach to improving support for our children, young people and families in East Ayrshire. The vision of the Model is to ensure that children and families can access support locally and at an early stage, in a way that challenges discrimination and stigma. Fundamentally, the Model incorporates multi-disciplinary team working and the GIRFEC principles.

A range of work has been undertaken during 2021/22 to develop this Model in East Ayrshire and the Model has been named ‘HEART’ (Help Everyone At the Right Time). Numerous local services including: Education, Early Years, School Nursing, Health Visiting, CAMHS, Vibrant Communities, Social Work, Housing and Allied Health Professionals, have been preparing staff, redesigning their structures and have nominated key people to be part of six new Community Teams, which formally commenced work in April 2022. These teams will come together to host launch events, sharing family stories to ignite conversations about how services can work more effectively together to better serve their communities going forward. Funding has also been secured for three Implementation Support Workers who will work alongside the Programme Lead to support the Community Teams. As HEART embeds in the coming months, we hope that our families and communities will soon experience benefits in terms of more available and responsive support.



A number of the service activities and developments included above reflect key elements outlined by Independent Care Review Reports published in February 2020, particularly in relation to embedding the aspirations and values of ‘The Promise’ in our practice. The East Ayrshire HSCP will continue to embed these key messages in its service delivery.

The Home Link Team provide a range of supports for children and families in East Ayrshire. Systemic sharing of approaches has enabled the team to continue to make progress across all six Education Groups, with the Home Link Workers supporting a total of 891 children, young people and their families in the reporting period, with 692 of those families now no longer requiring Home Link support. At the time of reporting, the team are providing tailored support where it is needed most to 193 children, young people and families on a weekly basis, including 6,591 phone calls, 539 garden visits, 982 supportive emails and 270 requests from parents/carers for further general wellbeing support in the period.

Throughout 2021/22, the Home Link Team worked with a number of support agencies and partners to increase collective efforts to help children living in poverty. In doing this, the team extended its range of partners and secured a substantial number of supports for families, including: 79 I.T devices, 41 clothing vouchers and 21 white goods. The Home Link Team also coordinated and delivered iLunch sessions across 26 primary schools during 2021/22, with a blend of outdoor face to face sessions, garden visits and telephone coaching and mentoring calls. In total, 61 outdoor sessions took place with a focus on family learning.

Parent:

“The whole experience has been fantastic for us as a family, the kids have had a ball. Without iLunch we would never have been able to have a summer like this”

NHS Ayrshire and Arran’s Child Healthy Weight team have continued to support children and their families to achieve and maintain a healthy weight through delivery of the Jumpstart programme. A number of outdoor physical activity programmes were delivered during the reporting period when restrictions were eased, in addition to the provision of telephone support and virtual sessions (via the NHS ‘Near Me’ platform) to ensure continued access for children and families.

During 2021/22, 31 children and their families were referred to the Jumpstart programme. Of those, 3 families completed the programme, 21 are still participating in the maintenance phase at the time of reporting and 7 families withdrew from the programme. Feedback from parents indicated that they were appreciative of the telephone and video support from Health Coaches during periods when restrictions were in place and the majority welcomed the use of the Healthy Weight Ayrshire App, the challenges set by Health Coaches for children, and the practical information targeted at parents.

Young trainee:

“I knew I wanted to work to support my family but needed help to improve my confidence and skills. Now I can do both”



East Ayrshire Council of Voluntary Organisations (CVO) developed and implemented a 26-week Positive Destinations training programme in 2021/22. The programme aimed to improve the pathways to education, training and employment for care experienced young people by creating opportunities to develop employability skills, work experience and qualifications, through access to the full range of CVO services. The programme supported: 20 trainees, 2 modern apprentices, 5 employment opportunities and 3 work experience placements during 2021/22, with 18 of the 20 trainees having completed the course and 11 trainees being supported in employment in this period. Participation in the Positive Destinations training programme has enabled trainees to work towards their chosen career, with appropriate qualifications and experiences which have helped them to be successful in gaining employment. This programme will also have an impact on: reducing re-offending, tackling poverty, addressing health improvement and reducing health inequalities, ultimately contributing towards positive outcomes for those who participate and wider communities.

CASE STUDY



Emma first engaged with Positive Destinations during a summer event and although keen to start employment, needed support and guidance to improve her confidence and gain workplace skills as well as valuable work experience. Emma stayed focused on gaining employment to support

her family and completed the course while also job searching. Emma is now employed within the CVO and continues to be supported while also being able to contribute financially to help support her family.

Outcome 4:

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

Our Performance



89.5% of adults able to look after their health very or quite well

	Baseline	Year 1/2	Year 3/4	Year 5/6	Year 7/8
East Ayrshire	92%	94%	92%	92%	89.5%
Scotland	94%	94%	93%	93%	90.9%



Alcohol-related hospital admissions declined from 655 to 561 per 100,000 population



Drug misuse related hospital stays increased from 359 to 374 per 100,000 population



99.3% of people started drug/alcohol treatment within 3 weeks (target = 90%)

Delivering our plan & What matters to you

A number of addiction support developments were achieved during 2021/22. The Rapid Access Drug and Alcohol Service (RADAR) formally commenced in April 2021, which brought together the NHS Addiction service, We Are With You, Ayrshire Council on Alcohol and East Ayrshire Advocacy, to offer key supports including same or next day drug and alcohol assessment and prescribing. This timely access to treatment and opiate replacement has been found to reduce drop out rates and the associated risks to wellbeing.



The Alcohol and Drugs Partnership (ADP) developed a programme of peer outreach workers employed within 4 targeted localities (Dalmellington, Auchinleck, Shortlees and North Kilmarnock), in the reporting period to create opportunities for promoting recovery and employment. These

individuals have lived experience of alcohol/drugs and are local to the area in which they work, enabling them to target those furthest away from appropriate services and supports. The ADP with support from the Corra Foundation, has also developed a 'Recovery Hub' to act as a focal point in developing and supporting recovery journeys. With recovery being defined as a process through which an individual is enabled to move-on from their problem drug use and to become an active and contributing member of society, the Recovery Hub will seek to support people along this road to recovery, in addition to contributing towards the wider significant work under the recovery banner in East Ayrshire.

NHS Ayrshire and Arran continued to provide the Quit Your Way service throughout 2021/22, offering support to people who required help to stop smoking. As individual and group appointments were paused during the pandemic, telephone support was instead provided to clients to maintain a form of provision and Nicotine Replacement Therapy was also posted to clients' homes to ensure they had access to the therapies they needed to assist with their quit attempt. Through telephone support, the following numbers of people were supported on their smoke free journey:

- 804 signed up with Quit Your Way across Ayrshire;
- 625 set a quit date; and
- 122 no longer smoked at 12 weeks.

CVO East Ayrshire, the CORRA Foundation and What Matters to You, have worked in collaboration to focus on improving wellbeing in the Cumnock area. The CVO received funding from the Scottish Government in 2022 to purchase a building in Cumnock to develop 'The Nest Cumnock', and the organisations involved are currently working with a number of large funders that are interested in supporting the refurbishment.

This new community wellbeing hub in Cumnock is intended to improve the wellbeing of residents, with the community having already prioritised the need for a flexible space to improve local facilities and expand opportunities in the area. The shared vision for The Nest is to facilitate, promote, and develop a range of existing and new community activities in a fully refurbished community base, engage with local people to develop their participation and interest in local activity, build strategic and long-lasting relationships and to recruit local volunteers to promote the work within the area.

NHS Ayrshire and Arran's Better Health Hub provides support and information in relation to various key health and wellbeing themes, including healthy weight, physical activity, mental health and wellbeing and money. The service re-opened in University Hospital Crosshouse (UHC) within the reporting period and re-commenced delivering support, with staff being a key target group. This included delivering smoking cessation support and weight loss programmes, including a pilot virtual drop-in weight programme delivered via MS Teams to a cohort of staff. Over the last year, 69 staff members have signed up at UHC for weight loss support, whom have achieved a combined weight loss of 136.5kg (21.4 stone) to date. To inform the future development of the Better Health Hub as the service remobilises, benchmarking and mapping exercises were undertaken including engagement with key stakeholders such as people linked into UHC, East Ayrshire Community Hospital and those responsible for community link programmes.

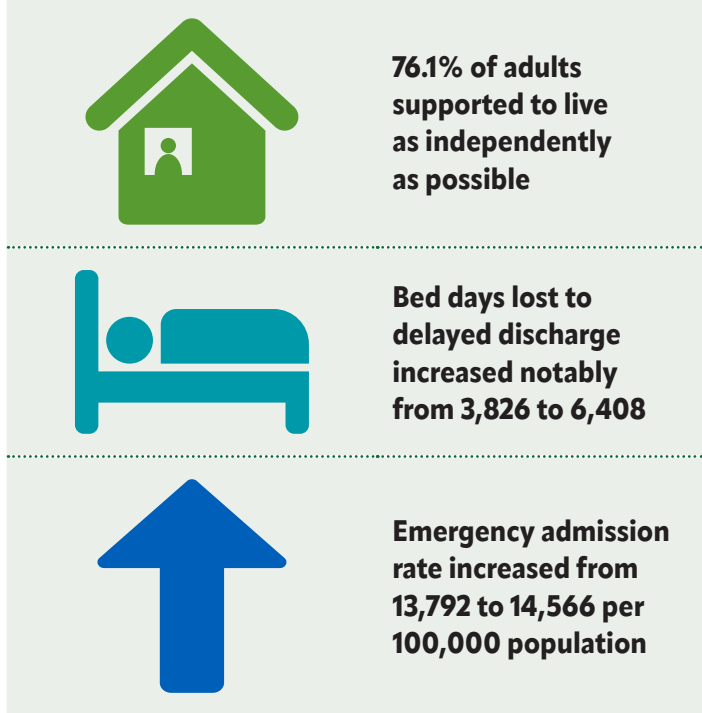
Service User:
"A colleague recommended the Better health Hub. M talked us through the MyFitnessPal app and gave us healthy eating advice. So far I have lost 10lbs and I am determined to keep going. I feel much better for it"

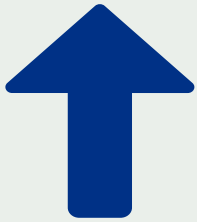


Outcome 5:

- **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**

Our Performance





Emergency bed day rate rose from 107,863 to 123,058 per 100,000 population



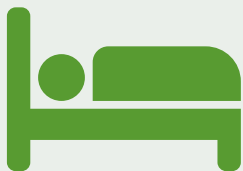
Rate of Emergency readmission within 28 days declined from 125 to 123 per 1,000 discharges



90.2% of people's last 6 months of life spent in a community setting



Older people aged 65+ who live in housing rather than a care home or hospital up to 97.5%



Bed days per 10,000 population for asthma, COPD, heart failure and diabetes reduced to 7,207

Delivering our plan & What matters to you

The Intermediate Care Team (ICT) continued to deliver crucial care and support for older people during challenging circumstances in 2021/22 to facilitate hospital discharge and promote independence at home. This multi-disciplinary service has contributed towards the avoidance of harm, hospital readmission and long term care home admission, enabling people to achieve their personal care and support needs with the appropriate assistance.

The establishment of CM2000 within ICT services has resulted in improved care planning and resource utilisation, supporting the safe facilitation of discharges from acute settings, preventing admissions to hospital and enabling residents to be cared for within their own homes. The service promotes a person-centred and timely recovery within familiar surroundings, and has reduced pressure on hospitals throughout the pandemic. The ICT was realigned in the reporting period and now operates within the Care at Home structure. This arrangement has achieved various operational benefits, including positive multi-disciplinary working and improved communication within teams, which has in turn resulted in more seamless transitions, less disruption to care plans and better outcomes for service users.

Family member:

"Great response to a couple of falls by my uncle. The ICT team were there sharpish in the morning and sorted extra care and a community alarm. I don't think my uncle could have got better care. My point is not just about the care shown by all but more about how it just worked seamlessly. Seems this ICT is a new idea so I just want to say it works!"

The Care at Home (CaH) service is a central element of social care and in the wider care system, which supports people to live independently and safely in their own homes. The CaH service played a critical role in our overall local response to the pandemic in protecting the wellbeing of over 1,800 residents, while being required to work differently during very challenging operational circumstances.

Colleague:

"The carers were fabulous, very lovely and very caring... couldn't praise them highly enough. During these really challenging times, the staff are thought highly of and are doing a great job"

A best value review of our CaH service identified a number of improvements including a new structure with new roles (implemented in June 2021), to create defined roles with a focus on delivering high quality, responsive care within an efficient and sustainable service. This development has created new career pathways with a range of job roles and provides opportunities to build on relationships with partners to establish new sources of employment through apprenticeships and education links. A new learning and development resource called the Social Care Learning Hub, was also established in early 2022 and is already having a positive impact in supporting induction and ongoing learning and development for all social care staff, contributing towards the delivery of safer and more effective care



Family Member:

“The carer makes mum feel confident in her abilities and acknowledges her need to feel independent. They speak to mum like a friend, not an old lady who needs help to look after herself. I can’t speak highly enough of them, they are so compassionate and very understanding of how elderly people should be treated, with respect and dignity”

The Community Equipment and Adaptations Service navigated significant challenges throughout the reporting period to maintain sufficient levels of provision, including supply chain issues, limited contractor availability and moving to a new premises. Despite these barriers and circumstances, the service has reduced the waiting list for applications (107 to 89), increased the total number of adaptations completed (385 to 451) and reduced the average time taken per adaptation (65 to 42) between 2019/20 and 2021/22.

Service user:

“When I needed a rail going upstairs, a lovely gentleman came to fit this. A credit to the council and to them, I am extremely indebted. Having the rail helps me a great deal”

There are three day service centres in East Ayrshire: Balmoral Road (Kilmarnock), Riverside (Cumnock) and the Sir Alexander Fleming Centre (Kilmarnock). This service takes people’s personal interests and abilities into consideration to deliver person-centred support, social activities and learning opportunities to meet personal outcomes. The day centres work collaboratively, share information and support each other on a daily basis, which has been particularly important during the pandemic.

In response to Covid-19, staff were required to be creative and flexible in delivering services in a different way over the last year to maintain provision while safeguarding wellbeing, with a blended model of care having been adopted, including building based, community based and remote provision to reach people and meet needs. As restrictions eased, more people gradually returned to on-site provision and increased their hours, with many service users having expressed joy at being back at the centres, particularly in regards to being able to interact with friends and participating in face to face activities. Despite various operational challenges associated with the pandemic, a range of activities were successfully delivered throughout the last year, including:

- developing action plans to ensure people feel: connected, respected, valued, reassured, supported, informed, resilient and positive in difficult circumstances;

- coordinating and supporting service user meetings within the community;
- supporting people within their own homes;
- delivering sessions and social activities remotely through teleconferencing software;



- developing weekly activity programmes by working with partners to provide community based activities;
- accompanying people to health appointments and supporting with shopping / prescription collection;
- involving people in fund raising activities;
- various projects and celebrating various events including a Christmas Fayre and World Book Day;
- partnership working with third sector organisations to deliver a wider range of activities / supports;
- working in partnership with the Barony Campus by offering volunteering opportunities for young people to work within the Riverside centre; and
- developing on-site dementia friendly areas and activities and introducing more technology based activities using the promethean board and sensory resources.

A programme of mindfulness and wellbeing activities were also made available to staff throughout 2021/22, supported by the Partnership's Wellbeing Coordinator. The service staff have also utilised the techniques learned by providing wellbeing sessions to service users.



Parent:
"I've seen such a big difference in my girl since starting...its a lot off our minds knowing that she is getting to mix with people and being looked after properly"

Outcome 6:

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

Our Performance



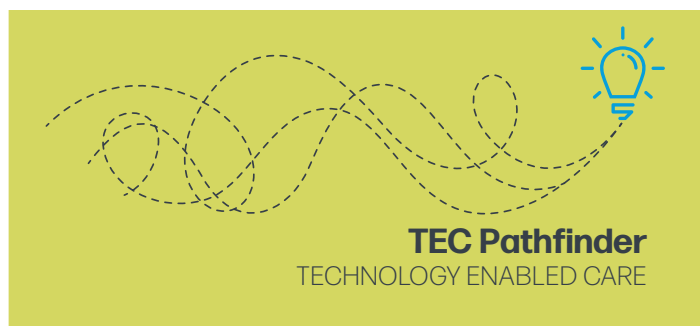
79.6% of adults receiving care or support rate it as good or excellent (national average = 75.3%)



56.9% of people had a positive experience of GP-provided care

	Baseline	Year 1/2	Year 3/4	Year 5/6	Year 7/8
East Ayrshire	85%	83%	76%	70%	56.9%
Scotland	87%	87%	83%	79%	66.5%

Delivering our plan & What matters to you



Participant:
"Pathfinder is valuable as it has the ability to help people navigate their own support"

Technology Enabled Care (TEC) Pathfinder Programme continued to progress during the reporting period with the aim of transforming health and social care services for people who have long term health conditions living in the Irvine Valley. To inform this work, the team have

adopted the Scottish Approach to Service Design within its approach to identify and describe the challenges faced by residents and professionals in the local area. The information collected in this period was utilised to create 9 user personas, 4 problem statements and 12 'How Might We' statements, culminating in the development of 26 different solutions.

Simplify information available <small>to people in the Irvine Valley to make it more person-centred and accessible?</small>	Streamline information and communication <small>between services/services and the public?</small>	Embed a person-centred approach <small>when delivering services and supports in the Irvine Valley?</small>
Enhance local health services <small>in the Irvine Valley to reduce the need to use public transport?</small>	Support people with a long-term health condition <small>to feel safe whilst using public transport?</small>	Access to health and care services <small>out-with traditional working hours (eg. 9 to 5)?</small>
Expectations and build better relationships <small>between health and social care professionals and the public?</small>	Overcome issues with connectivity <small>(eg. Wifi) and data poverty in the Irvine Valley?</small>	Increase access to digital devices <small>in the Irvine Valley?</small>
Reduce pressure on staff <small>by supporting more people to be self-reliant using technology/TEC?</small>	Develop confidence and empower individuals <small>to self-manage their long-term health conditions?</small>	Drive online participation <small>through support to build confidence and skills?</small>

The 26 solutions were aligned using a 'How, wow, now, ciao' matrix to assess the requirements for implementation and the potential impact which each solution could have, with the most appropriate solutions being taken forward to a prototype stage in April 2022. Final solutions will be prototyped and implemented between April and October 2022. As part of this process,

local residents, partners, stakeholders and professionals from across the HSCP were invited to participate in events held in person, online and on interactive platforms such as Miro, which allowed the team to hear almost 300 different solutions to the challenges identified in the earlier research. The Pathfinder team has also worked closely with the TEC Community Connector on the development of the Digital Champion network to enhance residents' digital skills, increase digital confidence and to promote digital inclusion within the Irvine Valley.

The East Ayrshire Advocacy Service continued to advocate for vulnerable people in our communities throughout 2021/22 to ensure that their voices were heard and their views were considered when decisions were being made about their lives.

750 new referrals in 2021/22

Representatives from the East Ayrshire Advocacy Service have also participated in a number of HSCP best value service review activities over the last two years and continue to ensure that the views of people who rely on these services are heard and considered when any changes to services are being discussed. 2021/22 was a busy year for the service, with 750 new referrals being received. As a result, staff prioritised workloads on a daily basis with a waiting list in operation throughout the year, particularly for adult services.

Scottish Government funding for East Ayrshire Advocacy's Children's Hearing service was extended for a further two years until March 2024, which will allow for the continued support for children and young people aged 5-18 years who are involved in the Hearing System. In 2020/21, the service supported 15 children and young people, however this number increased to 96 during 2021/22 as the service became more established and partner organisations became more aware of this support.

Care Opinion, the online feedback platform, launched for East Ayrshire health and social care services in April 2022. Care Opinion is a non-profit organisation that has led the way in online, independent feedback since 2005, and has been used by all health boards in Scotland over the last seven years, with thousands of stories having been shared to date, contributing towards many positive changes and developments.

Care Opinion allows people to share their experiences of the care that they received in a safe, simple and confidential way, in addition to providing an opportunity to view other people's care experiences. This will be a valuable resource going forward in terms of evaluating local service delivery, celebrating our strengths and identifying areas for service improvement to deliver positive outcomes and service experiences for people.



Outcome 7:

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

Our Performance



75.7% of adults supported at home agree their support is improving or maintaining their quality of life (national average = 78.1%)



71.3% of care services graded "good" or better (national average = 75.8%)

Delivering our plan & What matters to you

The Older Persons Day Service provides a locally based space at eight sites across East Ayrshire for older people with complex needs to receive support and social activities to help maintain their health, independence and wellbeing. Normal buildings-based service delivery has been significantly disrupted over the last two years due to social restrictions associated with the pandemic, however the service developed and implemented a temporary 'outreach' approach from May 2020 to maintain a level of provision to meet people's needs in a safe way. This included helping people to participate in their interests within their own home, providing carers with respite from their caring role and delivering some essential social stimulation for people in difficult circumstances. In February 2022, as restrictions eased, buildings-based provision partially resumed for people who already had a care place, with plans for further re-openings in June 2022.

A best value service review of Older Persons Day Services commenced in December 2021, with the aim of securing ongoing improvement through identifying more effective and efficient ways of delivering the service. The review was at an advanced stage at the time of reporting, with implementation of the preferred model expected to start in July 2022.

Service user:
"Great service and a life line to my friends. I feel isolated and this alleviates some of those feelings"

Relative:
"The highlight of mum's week is going to Rosebank, it gives her something to look forward to"

The Orthotics Service provides care to people across Ayrshire with disabilities which limit physical function, cause pain or hinder development. Many patients with long term conditions depend on the service to maintain mobility, independence and day to day function, in addition to preventing deterioration of a condition.

During the reporting period, the service received 2,834 patient referrals and successfully delivered 3,924 outpatient contacts, in addition to 1,101 in-patient contacts across acute and community hospitals in Ayrshire. This represents a 17.5% increase on 2020/21 levels.

The pandemic continued to present considerable operational challenges, however innovative and digital solutions such as 'Near Me' and other teleconferencing technology allowed the service to maintain contact with patients and colleagues across other services. Restrictions on face to face capacity added greatly to the service waiting list, however the team has been very flexible in sourcing areas where in-person care can be delivered to minimise loss of capacity. Planning is also in place to deliver a fixed-term increase in clinical capacity to address the waiting list over the coming year. Key service developments in the period include: supporting the avoidance of delayed discharge, delivery of inter-professional training, reviewing service delivery to improve stroke rehabilitation input, development of social media content and integration of image scanning and gait analysis systems into clinical practice.

CVO's 'Connect Call' is a telephone befriending service which provides free and confidential support in offering friendship opportunities, signposting and assistance to anyone living in East Ayrshire who may live alone or experience social isolation. Connect Call continued to be delivered throughout 2021/22 and has helped to reduce social isolation and loneliness, in addition to maintaining safety for people who previously received nuisance calls that were blocked. There are currently 12 volunteers working in the service, who regularly contact over 200

people, with new referrals being received on a daily basis.

In addition to its befriending and signposting offer, the CVO also delivers weekly 'Brew and Blether' sessions at WG13 Kilmarnock, to provide people with an informal and relaxed opportunity to come together, connect and enjoy free refreshments. Since the easing of Covid

restrictions, 20 people have attended Brew and Blether each week, with a range of positive feedback being received in relation to the impact of the group.



Clients:

"I don't think I would be here if I didn't have this group"

"These are the best friends I have ever had...we all look out for each other"

"I'm no longer lonely or isolated"

Since the start of the Covid-19 pandemic, East Ayrshire Council staff have made wellbeing check calls to vulnerable people in our communities. Although this scheme initially targeted individuals who were shielding and focused on ensuring people had the supports they required, the offer later widened to anyone who felt that they would benefit from a regular check call to maintain their wellbeing. The calls served as a 'friendly ear' to people and as a platform to raise any wellbeing issues, with call frequency varying from twice a week to fortnightly depending on the individual's need. A total of 6,368 calls were made throughout 2021/22, with staff having provided a range of essential supports for people, including:

- arranging for emergency food parcels and prescriptions to be delivered;
- providing advice on the Covid-19 vaccination schedule;
- signposting to the Financial Inclusion Team;
- arranging for energy meters to be topped up with credit;
- arranging house calls to check on the welfare of people who did not answer their check calls;
- linking people with Mental Health Practitioners; and
- easing feelings of social isolation.

Client:
"This is a wonderful service. It lets me talk about my worries, but I always come off the phone smiling"

The NHS Health Information and Resources Service re-opened to health professionals and the public in 2021/22 and continued to provide quality assured health and wellbeing information on a range of health and wellbeing topics. This included providing hard copy information for direct distribution locally for those who may not have digital access, as well as posting digital information online. An electronic health campaign calendar was produced and disseminated to a range of partners and a user engagement exercise was also carried out to understand how health information should be best provided. A survey was circulated across a range of partners working in: health and social care, communities, workplaces, the prison and education, in addition to being shared with the public, in order to inform the ongoing development of the resource.

Outcome 8:

- **Health and Social Care Services contribute to reducing health inequalities**

Our Performance



Male life expectancy at birth decreased slightly between 2018-2020 (75.2 years)



Female life expectancy at birth remained static at 79.8 years between 2018-2020



Rate of early death from cancers increased slightly from 155 to 157 per 100,000 population



Rate of early death from coronary heart disease down from 63 to 62 per 100,000 population

Delivering our plan & What matters to you

The Financial Inclusion Team (FIT), together with its partners, has continued to support East Ayrshire residents to maximise their benefit entitlement. The FIT received 2,602 referrals and advice enquiries during 2021/22, a 45% increase from the previous year and 14% higher than the pre-pandemic level. The financial gains achieved for people in East Ayrshire totalled £3,416,331 in the reporting period, taking the cumulative total amount of financial gains since the establishment of the team in November 2013 to £35,169,624.



The FIT launched a schools-based pathfinder project in September 2021, based within Loudoun Academy but also serving the local primary school and early year centre communities. The first six months of this project has illustrated the benefits of this approach with financial gains for 40 families totalling £60,972.63. The in-Court Advice (ICA) team have reported a

notable increase in the average level of rent arrears during 2021/22, with the £246,300.69 total arrears figure equating to an 88% increase on the previous year. ICA staff are currently supporting 903 tenants, with the financial gains achieved for clients totalling £54,265, representing a 34% increase from the previous year.

The Employability FIT support people from low income households, workless households and lone parents to overcome training and employment barriers. This project has been very successful, achieving £270,246 in financial gains for clients and supporting 254 families with fuel poverty in the last year. The Health and Community Care FIT was recently established to undertake projects to assist people and families who have health and disability issues. One project involves basing Financial Inclusion staff within seven East Ayrshire GP Practices, with an anticipated start date of June 2022. The Macmillan Project continues to receive a high number of referrals with an additional staff resource having been allocated to the project to support this demand. This project has generated financial gains of £790,020 for people living with cancer, representing an increase of 69% from pre-pandemic levels.

East Ayrshire's Housing First programme launched in August 2021 and aims to provide a stable home with intensive wraparound support for homeless people with multiple and complex needs. This collaborative, trauma-informed approach includes wider homelessness prevention measures, accessible housing options advice, substantial investment in the increase of housing supply, robust partnership working and resourced, and flexible, wraparound housing support. Of the 666 homeless decisions in 2021/2022 where East Ayrshire had a duty to find settled accommodation, 204 stated they required support with a mental health problem and 113 households cited a drug and/or alcohol dependency. Just over 40% of applicants stated they have multiple support needs, demonstrating the need for this approach.

A multi-agency core group of partners meet on a monthly basis to discuss referrals and any issues arising, including: Housing, a Health and Homelessness Nurse, Addiction Services, Justice Services Manager and the Alcohol and Drugs Partnership Co-ordinator. Furthermore, a Rapid Rehousing Transition Lead was appointed in March 2022, four tenancies have been created and sustained since the launch of the programme and going forward, five furnished tenancies will be identified in each year of the 5-year Rapid Rehousing Transition Plan to meet people's needs.

The Ayrshire Out of Hours Social Work team provides crucial services to East, North and South Ayrshire 365 days per year, including evenings, weekends and all public holidays. The team continued to navigate the impact of the pandemic and worked throughout 2021/22 to maintain provision for our residents. A review of the service concluded in September 2021, resulting in various improvements to the service model, including a change from waking nightshift Monday to Thursdays to an on-call service during the hours of 2am to 9am. Additional service improvements established in the reporting period include enhanced call handling procedures, revised referral system arrangements and increased digital resilience, in addition to the implementation of a new Child Protection database.

The relatively small team of 10 permanent staff and 18 sessional staff handle an average of 9,000 referrals per year, of these 2,600 were for East Ayrshire residents in 2021/22. Staff within the team continue to work closely and have strong working relationships with colleagues in Police Scotland, Health and Education both locally and nationally. The team celebrated 10 years of the Ayrshire Out of Hours Service on 4th April 2022.



The Universal Credit Support Team has continued to tackle poverty in East Ayrshire by increasing clients' income, identifying issues in relation to food insecurity and energy poverty, and by linking with partners to collaboratively address difficult circumstances associated with poverty. The team have supported residents with: all aspects of claiming Universal Credit, increasing income by ensuring clients receive all the benefits they are entitled too, providing claim assistance, claim advice, debt advice and budgeting advice. In 2021/22, the team generated £291,290 in financial gains for clients, dealt with 679 referrals and handled approximately 15,000 calls and 16,000 emails, which is reflective of the current economic climate.

The CVO worked with partners in Police Scotland during 2021/22 to develop and deliver 'Open Doors', an accessible town centre community hub which provides a safe place where some of our most vulnerable residents can access supports in a non-judgmental and inclusive environment. Open Doors was established as a direct response to the impact of the Covid-19 pandemic and it has provided immediate practical assistance in terms of food provision and access to key services such as support with benefits, housing and homelessness, and essential face to face engagement where required. A person-centred and holistic approach is taken in delivering this service and staff work closely with clients to identify their specific goals and support needs.

Outcome 9:

- 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

Our Performance



27.6% of carers feel supported to continue their caring role

	Baseline	Year 1/2	Year 3/4	Year 5/6	Year 7/8
East Ayrshire	48%	51%	36%	36%	27.6%
Scotland	45%	41%	37%	34%	29.7%

Delivering our plan & What matters to you

Unpaid carers provide an essential and selfless service to family members, friends and communities, whom rely greatly on their support. However, for many people it is a part of everyday life and some may not recognise themselves as a carer, which could mean that they may not receive valuable supports that would help them in their caring role. National evidence suggests that three in five people will become carers at some stage in their lives and that 1 in 10 people are already fulfilling a caring role.

Supporting unpaid carers to carry out their caring role and to look after their own health and wellbeing, is a key focus for the HSCP, reflected in its Strategic priority 'People at the Heart of What We Do'. Working in partnership with local third sector organisations remained central to delivering this in 2021/22. The Partnership, at the time of reporting, is currently in the process of creating its new local Carers Strategy, which will be collaboratively developed alongside all key stakeholder groups.

The East Ayrshire Carers Centre remains a key partner which provides valuable assistance for both adult and young carers in the authority. The supports delivered throughout the reporting period were wide-ranging and included the provision of:

- relevant carer information and signposting to other key organisations;
- benefit, money and debt management advice, fuel poverty awareness, form completion and maximisation of income;
- outreach work, including home visits;
- wellbeing calls to young and adult carers in need of support;
- respite breaks for young carers, adults and families;
- dedicated and age specific weekly young carers and young adult carers respite groups;
- 1:1 practical and emotional support;
- group support via coffee mornings and dedicated carers support groups, days out and other social activities during festive and seasonal holiday periods;
- training sessions, self-help groups and carer-led forums; and
- employability skills and training for young people aged 16 to 25.



Furthermore, within the reporting period the East Ayrshire Carers Centre has also:

- achieved over £1.6 million in benefit awards;
- completed 203 adult carers support plans;
- received 455 new registrations;
- overseen 263 carers awarded money from the Winter Wellbeing Fund and over 250 Time to Live grants for adult and young carers to pursue hobbies and breaks at home;
- provided 12,782 instances of advice and support; and
- donated over 3,000 individual Christmas gifts and 400 Easter eggs to young carers.

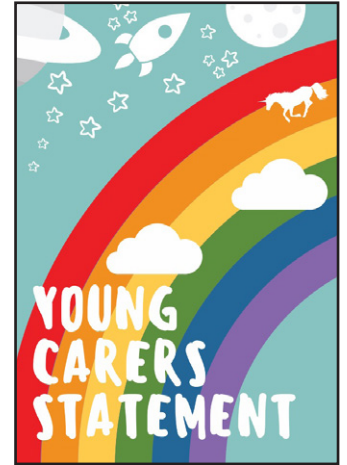


The supports outlined above have achieved a number of positive outcomes for our carers, including: reducing social isolation; increasing carers' confidence, resilience and self-esteem; improving health and wellbeing; reducing stress and anxiety levels and improving financial circumstances, collectively enabling carers to enjoy a better quality of life alongside their caring responsibilities. The East Ayrshire Carers Centre has also been involved in discussions relating to the proposed National Care Service consultation.

Similarly, the East Ayrshire HSCP Thinking Differently Team have a key role in supporting unpaid carers and a wide range of work was undertaken during 2021/22 to meet the needs of carers in East Ayrshire. The team continued to build relationships and work alongside professionals and key partners including Social Work, The Carers Centre and the Ayrshire Brokerage Network, to assist unpaid carers and meet the needs and outcomes outlined in the Carer Support Plans. Support was provided to develop carers' knowledge of and confidence in using digital technology and the team worked alongside Connecting Scotland to provide 20 laptop / tablet devices with unlimited Wi-Fi, with a particular focus on elderly and low income households with carers. This allowed people to strengthen connections with friends and family and to shop online from the comfort of their own home.

The Thinking Differently Team regularly engaged with unpaid carers and organised focus groups to provide a platform for carers to discuss any challenges or barriers that they experienced, in addition to providing opportunities for carers to meet with other people to build relationships and share their experiences, feelings and concerns.

The team also undertook various other work within the reporting period including: developing clearer protocols and guidance for care professionals, informing colleagues of key carer updates, raising awareness of unpaid carers, identifying and supporting young carers following young carer statements to meet needs and attending national care lead meetings.



Outcome 10:

- **People using health and social care services are safe from harm**

Our Performance



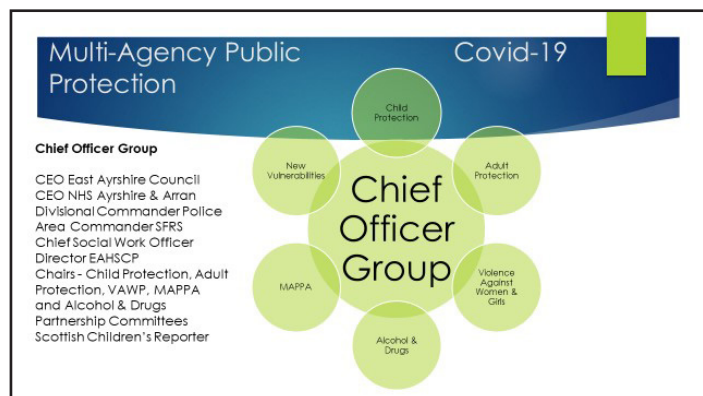
73% of adults supported at home feel safe (national average = 79.7%)



Falls rate has increased slightly from 18.2 to 18.9 per 1,000 65+ population

Delivering our plan & What matters to you

All public protection matters in East Ayrshire are overseen by a Chief Officers Group, which includes the following representation: the Alcohol and Drugs Partnership (ADP), Child Protection Committee (CPC), the Adult Protection Committee (APC), the Protection and Learning Team, the Violence against Women Partnership (VAWP) and the Multi Agency Public Protection Arrangements (MAPPA) Oversight Group.



An extensive framework for assurance and oversight of all public protection activity was established in April 2020 in response to intensified levels of vulnerability during the pandemic. This framework was directly accountable to Chief Officers in East Ayrshire and continued during 2021/22 due to the ongoing impact of Covid and in particular, the Omicron variant from December 2021. The Protection Team lead on this oversight work and supported the five multi-agency oversight groups with reporting and governance directly through the East Ayrshire Chief Officer Group.

The oversight framework was reviewed with all oversight stakeholders in August 2021. This evaluation illustrated the effectiveness and value of the work and also led to the temporary suspension of some groups due to reduced need, however the child and adult protection oversight groups remained in place. In December 2021, the full oversight arrangements were stood up again in response to the Omicron variant.

Multi-agency protection services were impacted by significant staffing challenges between December 2021 to February 2022, and despite providing continuity of all high priority face-to-face services, preventative work necessarily reduced. The oversight groups provided real-time risk assessment and mitigations to ensure

prevention of harm and that multi-agency responses adapted to new needs as this emerged. Chief Officers also met monthly to review reports and escalated risks from the oversight groups as required. The arrangements were reviewed again and suspended in February 2022 when the impact of Omicron decreased and the evidence from multi-agency protection services indicated that 'business as usual' was re-established.

There has been a rise in the number of probable suicide deaths in East Ayrshire in recent years, with the local 5-year aggregate rate per 100,000 population having increased from 11.2 between 2011-2015 to 16.8 between 2016-2020. Whilst care should be taken when interpreting overall patterns of suicide, this has been an area of focussed attention to develop and improve local preventative approaches.

A range of suicide prevention activity was undertaken in East Ayrshire during 2021/22, including:

- raising awareness of the signs of potential suicide through provision of Safetalk training across the workforce;
- developing trained Suicide First Aiders within the workforce;
- supporting prevention campaigns through social media;
- the Suspected Suicide Review Group met on a six-weekly basis to review probable suicide cases to identify related circumstances and service provision gaps to inform future prevention work; and
- the East Ayrshire Suicide Prevention website was launched, containing key information and contact details including: Mental Health Practitioners, local GP Practices, Suicide First Aiders, other support directories and relevant training courses.



The [East Ayrshire Mental Health Delivery Plan](#) also sets out local priorities and specific actions relating to suicide prevention, particularly in terms of providing ready access to expert help and support.

Like other areas throughout Scotland, East Ayrshire has experienced a notable rise in drug-related deaths in recent years, with the local rate per 100,000 population having increased from 12 in 2015 to 32.4 in 2020. Records and trends indicate that drug-related deaths in East Ayrshire mainly occur in males and are often a result of a combination of drugs and/or additional health conditions and complications. The East Ayrshire Substance Related Death Review Group continued to meet on a regular basis during 2021/22 to examine the circumstances in relation to each death to identify patterns, themes and service gaps to inform future prevention work.



In addition to the work highlighted under Outcome 4 above, the East Ayrshire Alcohol and Drugs Partnership developed a programme of peer outreach workers employed within 4 targeted localities (Dalmellington, Auchinleck, Shortlees and North Kilmarnock), to create opportunities for promoting recovery and employment.

These individuals have lived experience of drugs/alcohol and are local to the area in which they work.

Work was also undertaken to promote the life-saving drug Naloxone, including the recruitment of lived experience naloxone champions, training 25 naloxone champions in the Partnership's Johnnie Walker Bond building and an East Ayrshire wide publicity campaign.

The East Ayrshire Violence Against Women Partnership (EAVAWP) continued to work towards the outcomes set out in the national Equally Safe Strategy for preventing and eradicating violence against women and girls during the reporting period. This continues to be a proactive partnership, with comprehensive membership to collaboratively progress key work. The EAVAWP continued to monitor and respond to need throughout 2021/22, with intensified levels having been experienced during the pandemic.

The EAVAWP's Strategic Plan for 2021-24 identifies key issues in relation to violence against women and outlines core actions to address these. The Plan sets out national and local context and the Partnership's vision of: 'Working together to improve safety, wellbeing and equality for all women and girls in East Ayrshire'. Following publication of the Strategic Plan, a monitoring framework was developed and implemented to allow quarterly reviews and analysis of progress towards the key strategic themes and actions. The findings from 2021/22 demonstrate that the EAVAWP has maintained a consistent level of progress towards advancing its actions and activities.



The Violence Against Women Operational Oversight Group was established in April 2020 to ensure that multi-agency public protection activities maintained a focus on violence against women and girls' issues during the pandemic. The work of the Group continued throughout 2021/22 due to the ongoing impact of Covid-19 on our communities. Numerous developments and multi-agency work took place during the reporting period to protect and support vulnerable people, including:

- a calendar of events for the 2021 East Ayrshire '16 Days of Action', with partners contributing towards social media content, events and talks;

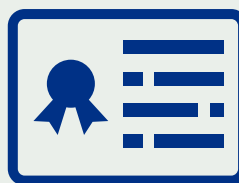
- development of an Equally Safe Workforce Action Plan, reflecting: policy and procedures, learning and development, support services and practices, and partnership working;
- secondary school teachers and Campus Police Officers delivered 'Mentors in Violence' Prevention sessions;
- the East Ayrshire Reclaim the Night walk took place on 8th March 2022 and was attended by approximately 60 people;
- Break The Silence recruited additional qualified Psychotherapists and created two new Clinical Lead roles which significantly reduced the waiting list and waiting times;
- East Ayrshire Women's Aid recruited a new Women's Wellbeing Support Worker to provide focussed support to help women manage and recover from the emotional impact of domestic abuse;
- the STAR Centre linked with Connecting Scotland to obtain and distribute iPads and dongles to rape survivors who were accessing support; and
- ASSIST obtained additional funding from the Delivering Equally Safe Fund to expand the current Children and Young Person's Team.



Outcome 11:

- **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**

Our Performance



59.9% of personal carers qualified to SSSC standards.

Delivering our plan & What matters to you

The Partnership's ambition is to have the right people with the right skills in the right place at the right time. At the time of reporting, work is in progress to develop the Partnership's Workforce Plan 2022-25, with engagement with services, third and independent sector partners and trade unions currently ongoing to inform the key workforce actions until 2025. The new Workforce Plan will reflect the various challenges we face in delivering services in the future, including the 'cost of living crisis' and ongoing recruitment issues in several key service areas. Key actions in the Plan will align to the 5 Pillars of the workforce journey: Plan; Attract; Train; Employ and Nurture, and the final Workforce Plan will be published on the HSCP's website no later than 31 October 2022.

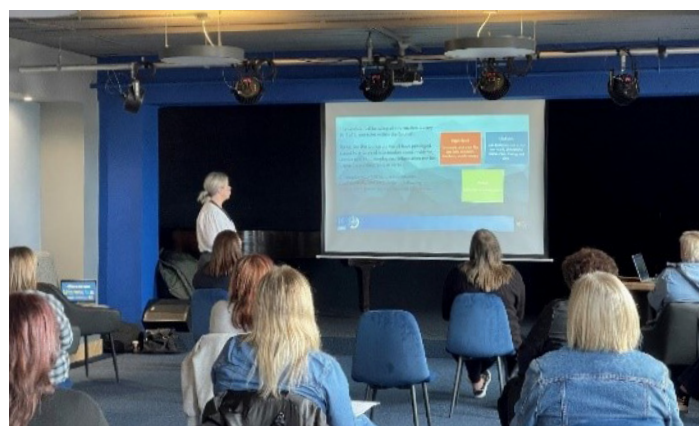
The most recent local workforce survey indicates that three-quarters of the HSCP's staff would recommend the organisation as a good place to work. It is important that as we strive to become an employer of choice, the things that matter to our workforce, matter to the Partnership. Local surveys are distributed periodically to allow us to gain an insight in relation to a number of key themes, including how our workforce feel about their role, their department, the organisation and those leading it. It is important for the HSCP to reflect on what it does well, however it is also vital to identify areas for improvement to ensure we continue to attract and retain the best possible workforce.

An iMatter questionnaire was circulated to the East Ayrshire HSCP workforce in 2021 to gather feedback in relation to their experience of working within the organisation. A total of 1,512 staff responded and constructive findings were obtained reflecting various themes, including our strengths and areas for improvement as illustrated in the word clouds below.

What we do well:



The Care at Home service exemplifies our ongoing commitment to ensuring our workforce is sufficiently skilled. We continue to maintain links with our local college to ensure our Care at Home workforce achieve the necessary qualification to meet SSSC registration requirements and to provide a safe and effective service. We also continue to invest in our future workforce by providing student placements in our Care at Home service. This career pathway investment continues to be explored across other areas of the Partnership. Unfortunately, we have been unable to host placements within our Care at Home service over the last year due to the pandemic, however these will resume later in 2022 through strong and dynamic partnerships involving Care at Home, Ayrshire College and the Social Care Learning Hub.



Significant investment has been made to establish a Social Care Learning (SCL) Hub to deliver high quality learning and development opportunities for all social care staff, including induction, mandatory and developmental learning, as well as supporting attainment of qualifications linked to registration. This resource will be central in ensuring that our workforce is sufficiently skilled to deliver safe and effective services for people in East Ayrshire. Significant progress has been made throughout 2021/22, with various activities either delivered or planned, including:

- the SCL Hub being fully staffed to its current establishment;
- implementation of the Programme Planning Group, which will shape, inform and support the SCL Hub to be responsive, effective and timely;
- upskilling team members with external training, accredited train the trainer courses, operational shadowing opportunities and knowledge refreshment;
- establishment of productive partnerships both internally and externally;

Areas of improvement:



- development of a new 8 day Induction Programme for all new staff joining the HSCP;
- cleansing of qualifications information and creation of a SQA Qualifications Monitoring Group to ensure staff are trained in a timely and supportive manner;
- preparation underway for delivery of in-house SQA qualifications (commencing in August 2022); and
- development of specialist training sessions for key practice areas including: Dementia skills, continuous professional learning, palliative/end of life training, Epilepsy, Parkinson's, Diabetes, foot/skin Care and person-centred care planning.

Protecting our workforce has been particularly important during the pandemic given the potential threat to wellbeing. Numerous safety measures remained in place and various supports were offered to safeguard the physical and mental health of staff during 2021/22, which are outlined in section 4 within this Report.

Outcome 12:

- **Resources are used effectively and efficiently in the provision of health and social care services**

Our Performance



60% of adults supported at home agree their health and care services seem well co-ordinated (national average = 66.4%)



Proportion of health and social care resource spent on hospital stays as a result of an emergency down from 28.9% to 26.8%

Delivering our plan & What matters to you

In the reporting period, the HSCP continued to strategically invest in key impact areas and utilised available resources effectively in line with our strategic priorities and the triple aim of 'better health, better value, better care', to deliver positive outcomes for people.

The Community Alarm Emergency Response Team continued to provide a 24 hour emergency care service for East Ayrshire residents in the event of a fall, an unplanned care need and in responding to technical emergencies to maintain equipment. The service has supported many people to live safely and independently in various community settings, contributing towards improved outcomes and quality of life. In 2021/22, two Community Care Officer Responders were re-located to the Community Equipment and Adaptations Service, removing the responsibility for planned installations from the team to create a more streamlined emergency response service which would allow more consistent and timely provision. Removing this task during the pandemic also provided increased support for Care at Home services in times of crisis, enabling a maintained sufficient level of Care at Home provision for service users.

The Partnership's programme of best value service reviews commenced in 2019, with the aim of securing service improvement by identifying more effective and efficient ways of delivering services, through a person-centred approach based on collaborative design principles and best value guidance. The progress and timescales of various reviews were impacted by Covid-related pressures and restrictions during 2021/22, however best value service reviews of Fostering and Adoption, Kinship Care and Children's House services were completed in this period, with a further review of Older Persons Day Services also being progressed. A range of evidence-based improvement actions reflecting service priorities, in addition to new delivery models, were identified across these services to enhance elements of provision and outcomes for people, which is described in more detail in section 7 within this Report.



In March 2022, the HSCP launched its new [Partnership Provider Statement 2022-24](#) and signed up to principles set out in its accompanying Charter that will benefit residents and communities through strong partnership working. The document was co-written with a range of local partner organisations to describe collective beliefs, celebrate existing collaborative success and to identify opportunities for further improving health and wellbeing. The Partnership Provider Statement was created for groups and organisations that are delivering health and social care services in East Ayrshire, or would like to provide services, to guide collaborative working in the area. Moving towards collaborative commissioning is key to delivering the East Ayrshire HSCP's Strategic Plan 2021-30 and the Statement explores this in detail, setting out a collaborative commissioning vision of:

“Resilient communities, taking charge of their wellbeing, with an open flourishing, high quality and sustainable care community that has the right commissioning conversations. Where people need support it should be the right support, from the right person, in the right place and at the right time”.

The development of the HSCP's social work information system (Liquidlogic), has continued throughout 2021/22, with the system being integral in the management and storage of records for people in contact with our social work services. Due to restrictions associated with the



pandemic, various areas of development were postponed, with a focus placed on supporting colleagues through this transition and prioritising improvements where required. A comprehensive range of training and support sessions conducted both in person and virtually, have been provided to all staff from a dedicated training resource on a daily basis since September 2021. Staff feedback received regarding this training has been very positive to date.

Furthermore, due to Covid-related pressures on working practices, the Business Support team have reviewed and amended our system processes where required to ensure the design is accurate, agile and continues to fully support our business requirements. Similarly, and in conjunction with the Liquidlogic supplier, a further comprehensive suite of reports have been developed to improve and expand our reporting capabilities. This is in addition to our own in-house report building resource. The Liquidlogic mobile app is also being tested at the time of reporting to ascertain its suitability for use in the field by frontline staff. We are aware that the pandemic has impacted on the development of Liquidlogic, however as approved by our Development Board, the Business Support team will undertake a programme of improvement work over the next year to continue to build on our progress made to date.

Our relatively new finance system (ContrOCC), has been fully established and integrated with Liquidlogic throughout the reporting period, providing a number of operational benefits, particularly in relation to Self Directed Supports and Residential Accommodation. Electronic financial assessments are now completed within 4 weeks, whereas previously the process could take a number of months to finalise, contributing towards improved resource efficiency. Business Objects is also now utilised for reporting from the system, providing real-time information. Payments to providers are made directly from ContrOCC, amounting to almost £30m annually.

Outcomes 13-15:

- **Community safety and public protection, reduction of re-offending, social inclusion to support desistance from offending**

Our Performance



Continue to exceed target for Social Enquiry Report submission (97.6%)



90.9% of Community Payback Orders successfully completed within the year

Delivering our plan & What matters to you

As previously highlighted, all public protection matters in East Ayrshire are overseen by a Chief Officers Group, including the work of the Alcohol and Drugs Partnership, Child Protection Committee, the Adult Protection Committee, the Protection and Learning Team, the Violence against Women Partnership and the Multi Agency Public Protection Arrangements Strategic Oversight Group.



PROTECTING PEOPLE
in East Ayrshire

An extensive framework for assurance and oversight of all public protection activity was established in April 2020 in response to heightened levels of vulnerability during the Covid pandemic, to ensure strengthened local support for adult protection and avoidance of harm.

This framework was directly accountable to the Chief Officer Group in East Ayrshire and continued across 2021/22 due to the fluctuating impact of Covid and in particular the Omicron variant from December 2021.

The Protection Team has remained central to the coordination and delivery of multi-agency protection work within the reporting period, with examples including:

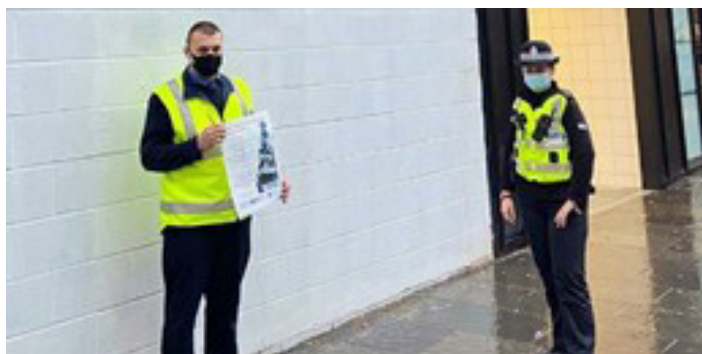
- introduction of a fast track route for vulnerable people in the community to a range of specialist mental health practitioners and resources relevant to need;
- continued access to Call Blockers to reduce the risk of telephone scams and fraud;
- supporting the Mental Health Fund Access Panel to ensure that monies available were disseminated to grass roots groups who will have a key role in supporting communities as we move forward to the 'new normal' way of living;
- Ayrshire wide Adult Protection Committee events including *Forced/Predatory Marriage – What can we do?*, and *Covid-19: The Impacts for Adults at Risk of Harm*;
- establishing a Practice Improvement Governance Group to oversee and drive forward the Adult Protection Improvement Plan following the Adult Protection Inspection in 2020/21;
- development of the Ayrshire Hoarding Guidance: *Supporting People Affected by Hoarding Disorder*, alongside relevant training;



270 adult protection referrals and 3,010 adult concern referrals received in 2021/22

Overall annual reduction of 26.7% in referrals

- promotion of the National Adult Support and Protection Day in February 2022, which was extended to a week campaign of activity in East Ayrshire; and
- delivery of numerous protection awareness and wellbeing events targeted at schools, young and adult carers, as well as offering wellness sessions to professionals working in protection situations.



Police Scotland have continued work in relation to national outcomes and public protection throughout the reporting period, including addressing bogus tradespeople type crimes. The Partnership and Community Safety Officer has worked with East Ayrshire Council Trading Standards as part of a joint approach and social media strategy to highlight fraudulent crimes attributed to bogus tradespeople targeting vulnerable members of the community. Educational material has been posted through social media across both Police Scotland and local authority platforms to maximise message coverage across our communities. This content also linked to third party organisational supports that operate both locally and at a national level.

Police support has also continued locally across East Ayrshire in regards to the Ukrainian, Syrian and Afghan refugee programmes to minimise risk for minority community groups and encourage social inclusion. Community groups moving into local authority areas are identified at an early stage and all local programme updates are fed into a national Community Impact Assessment managed through the Partnership's Prevention and Community Wellbeing team, which provides an overview to the national team of resettlement numbers across Scotland.

Local Authority Liaison Officers continued to attend weekly partnership meetings with HMP Kilmarnock where individuals are discussed prior to their release dates. This enables a partnership approach across NHS, Addiction services and Housing to confirm that suitable support is in place and to address welfare issues before the individual is released back into the community. In addition, the Divisional Wellbeing Unit identifies the most at risk individuals and engages with them on the day of release to offer further support and to signpost to relevant services such as the 'Open Doors' project. This one to one support offered mitigates against re-offending and the impact of previous adverse decisions which people have made.

There has been an increase in youth offending across the authority, particularly during the end of lockdown restrictions. Working in partnership with Vibrant communities, areas of increased disorder have been allocated additional patrols and where possible, engagement with young people has taken place to deter offending behaviour and reduce public concerns. Police Campus Officers have also supported recent partnership roadshows delivered within schools prior to holiday periods, to discuss subjects such as youth disorder and the impact attributed this offending. This work aims to minimise the impact of crime on communities and to support young people to make the right choices to avoid the criminal justice system.

Throughout 2021/22, Vibrant Communities' Youth Action Teams maintained a presence in many of our communities to positively engage with groups of young people who they encounter in various settings. The Youth Workers were not there to police or chaperone them away from areas, but to engage with them and offer advice on positive lifestyle choices and behaviours, some of which we know were concerns for many communities. The Youth Action Team approach has seen an increase in partnership working in this period, with a number of key organisations including: Police Scotland, Scottish Fire and Rescue, local youth work organisations, the HSCP and Education, whom all share a desire to reduce youth disorder in our communities.



The Young People Sport and Diversion team also continued to deliver the Premier Night Leagues that operate on Friday evenings throughout East Ayrshire Leisure sports centres. This programme is delivered between the hours of 7:30pm – 9:30pm, which was identified by Police Scotland as being the key times when anti-social behaviour was most prevalent in communities, therefore this activity provides a diversionary opportunity for young people to participate in. The programme engaged with 11,791 people in 2021/22.

The pre-liberation programme continued to be delivered at HMP Kilmarnock during the reporting period, with the aim of providing prisoners who are nearing liberation back into the community, with information to support their transition. Due to ongoing social restrictions in 2021/22, the programme was adapted from face to face workshops to written format, incorporating advice and information regarding a range of wellbeing and socio-economic themes such as: how to open a bank account, CV writing skills, medicine management, fire safety, naloxone training and healthy diets. The team delivering this project have developed the documentation content in this period and hope to resume face to face delivery in 2022. Community re-integration meetings were also initiated with a wide range of partners, discussing and creating support plans for liberated prisoners.

Evidence suggests that a lack of suitable housing and associated supports are contributory factors for re-offending in East Ayrshire. Despite the impact of Covid-19 on service provision, the Ayr Housing Aid Centre's Prison Housing Advice Service and the Housing Options Team continued to work collaboratively and adapted their delivery throughout 2021/22 to ensure those exiting prison were identified at an early stage and provided with suitable accommodation on release. This included those identified within the Early Prisoner Release programme, involving close collaboration across

key services. The Council works in partnership with a number of organisations, meeting the SHORE Standards, to improve the preparation and support for those in and leaving custody, namely SERCO, Community Justice Ayrshire and NHS Ayrshire and Arran.

A range of work was undertaken in 2021/22 to support those exiting prison with evidence of positive outcomes, including:

- mobile phone provision to enable people to contact essential services and maintain support networks;
- people experiencing homelessness were provided with temporary furnished accommodation to limit the spread of Covid-19 and provide a space for self-isolation if required;
- promotion of Covid-19 awareness prior to release to ensure safety; and
- 38 homeless applications were made in 2021/22 with the reason being prison discharge.

East Ayrshire's Rapid Rehousing Transition Plan also reflects the challenges faced by local authorities and partners when someone enters and is liberated from prison. For example: loss of settled accommodation upon sentencing; demand for temporary accommodation upon liberation; prisoners neglecting to submit a housing application and therefore not being on the SEARCH waiting list prior to release; and prisoners not attending pre-arranged interviews on release, presenting at a later date or not at all. The completion of homeless applications at the earliest opportunity expedites the re-housing process and allows early intervention, housing options discussions and future planning prior to release, which can reduce the likelihood of re-offending. Individuals are included and updated at all stages of their application process, allowing them to feel more prepared and less anxious prior to liberation.

Mental Health Officers (MHOs) support and protect vulnerable people with a mental disorder. Their responsibilities include: protecting people's health, safety, welfare, finances and property, safeguarding rights and freedom, court duties and public protection relating to mentally disordered offenders. The MHO Service continues to meet statutory demand and requirements in regards to the local authority's duties in respect of the Mental Health Act and Adults with Incapacity (AWI) legislation. The service continued to experience significant challenges during 2021/22, with additional pressures relating to the back-log of AWI renewals, incoming new referrals, supporting decision-making processes and limited team capacity. In response, the MHO service is in the process of a review at the time of reporting, supported by additional funding from the Scottish Government in recognition of the challenges that MHO services are facing nationally. East Ayrshire Council continues to support annual recruitment to the MHO Award to support the Retention and Recruitment Plan for the MHO service. Two candidates are currently nearing completion of the Post Graduate Certificate Mental Health Social Work Award, with qualification anticipated in July 2022 and a further 3 candidates will be supported to progress their applications in 2022/23.

Evidence indicates that up to 80% of adult prisoners present with speech, language and communication needs, which can be difficult to identify and are therefore often unmet. Speech and language interventions can have a positive impact on determinants of re-offending, including an individual's ability: to understand and engage with police and court processes, to engage with offender programmes and to engage with other interventions and agencies that support wider health and wellbeing. Despite many Covid-related challenges experienced throughout the last two years which have impacted on opportunities to undertake group work within the prison setting, the Speech and Language Therapy team continued to identify needs and provide input on an individual basis. Furthermore, following a successful bid for additional Action 15 funding in October 2021, in addition to supporting those in custody, a new service commenced in April 2022 for individuals being accommodated in low secure wards, forensic rehabilitation wards and those in the community supported by the Community Forensic Mental Health Team.

The team have provided numerous forms of support during 2021/22, including:

- screening all new prisoners for speech, language and communication needs to identify those who would benefit from specialist interventions;
- provision of easy to read materials and resources to help understanding of prison processes and rules, including an information pack pertaining to prison induction and orientation;
- provision of specialist input for prisoners with voice disorders and dysphagia;
- advice given to partners including prison custodial staff, social work and forensic psychology, on how to modify communication to improve participation; and
- provision of speech, language and communication awareness training to all new custodial staff, with the aim of reducing misunderstandings, problematic behaviours and aggression.

Feedback from patients in the reporting period has been positive, with people reporting: improved relationships with family members, intentions to volunteer upon liberation and improved abilities in resolving conflict and navigating difficult conversations. Custodial staff have also reported reduced occurrences of misunderstandings and improved compliance with prison rules, and Addictions Caseworkers reported that individuals have had a greater understanding of what was being asked of them regarding their treatment plans.

4. Our Covid-19 Journey

The successful roll-out of the national vaccination programme and the gradual lifting of social restrictions throughout 2021/22, allowed a return to a more normal way of living, however Covid-19 undoubtedly continued to have a significant impact on wellbeing, personal life and wider communities during this period. The health and wellbeing of our population has been at the heart of East Ayrshire's response to the pandemic, and continues to be central to our recovery and renewal ambitions.

The impact of the pandemic has also been experienced at an operational level across all health and social care services. While many services resumed full or partial delivery, infection control measures have remained in place during this period to safeguard service user and staff wellbeing. Despite a range of challenges, our health and social care workforce has shown unwavering commitment, resilience, compassion and flexibility to support and deliver positive outcomes for vulnerable people in our communities.

Health and Social Care Provision during the Pandemic



The HSCP has retained a key role in protecting the wellbeing of East Ayrshire residents since the onset of the pandemic, having initially mobilised and established key arrangements in March 2020 to maintain essential service delivery. In achieving this, a proactive, collaborative and transformative approach was taken between the HSCP, East Ayrshire Council and other key partners to coordinate and utilise key resources to protect those most vulnerable in our communities.

A number of the arrangements and operational changes established in 2020/21 were maintained and revised where appropriate during 2021/22 in line with national guidance, to ensure service users and our workforce were kept safe. This included: the use of personal protective equipment (PPE) to maintain physical contact where required, enabling staff to work from home, utilising teleconferencing platforms to hold meetings remotely and adopting alternative methods of delivery to maintain contact with service users through digital solutions, telephone calls and home support.

Some health and social care services continued to experience and navigate significant challenges throughout 2021/22 to maintain provision during the pandemic. This included: workforce capacity gaps due to sickness absence and staff turnover, resource limitations, communication barriers and adjusting to different ways of working. We also recognise the physical and mental strain that our workforce has endured during this arduous period, and this is being responded to with additional wellbeing support from East Ayrshire Council and NHS wellbeing services.

Numerous examples of local health and social care provision throughout the reporting period are outlined in the 'Our Performance' section within this Report, with some examples including:

- Care at Home service delivered to over 1,800 people in East Ayrshire to meet daily support needs, contributing towards the wider health and care system;
- the Fostering and Adoption Panel continued to meet, allowing for the recruitment of 7 new fostering families in 2021/22, in addition to continued permanence planning for children;
- the Protection Team actioned 270 adult protection referrals and 3,010 adult concern referrals during 2021/22;



Each of our care homes have experienced difficult circumstances during 2021/22 and throughout the wider pandemic, including Covid-19 outbreaks and staff shortages, with care home managers having reflected on their experiences of personal loss, fear, anxiety, despair and bravery. Despite this challenging situation, the tireless resilience and compassion of our partner care home staff has enabled them to overcome significant barriers to continue to care for their residents.

Feedback suggests that this challenging period has galvanised the care home workforce and has strengthened relationships between partners and providers. A considerable upturn in mood and atmosphere has also been apparent within our care homes during the easing of restrictions, particularly in relation to visiting arrangements, with the ability to once again meet regularly with family and friends having a positive impact on the wellbeing of our care home residents.

Various forms of support continued to be provided to ensure ongoing, safe and effective service delivery throughout 2021/22 in response to the pressures and challenges faced by our partner care homes during the pandemic, including:

- a range of day opportunity activities were provided for adults with learning disabilities, including: supporting people in their own homes, enabling service user meetings within the community and delivering social activities remotely through digital platforms;
 - the Financial Inclusion Team and its partners continued to support people to access key benefits, achieving £3,416,331 in financial gains for East Ayrshire residents in the reporting period;
 - continued provision and expansion of addiction support services, including the establishment of the Rapid Access Drug and Alcohol Service; development of a programme of peer outreach workers and promotion of the life-saving drug Naloxone;
 - the Ayrshire Out of Hours Social Work team actioned 2,600 East Ayrshire referrals in 2021/22; and
 - the HSCP's Thinking Differently Team undertook a range of work to support unpaid carers and to meet their needs, including: regular carer engagement, collaborative working with partners, delivering carer focus groups and increasing carers' access to digital technology.
- extra-ordinary meetings arranged to discuss specific guidance documents when required;
 - regular conference calls and virtual meetings held between the HSCP and care home managers to provide bespoke support;



- six-weekly Provider Forums held to provide further support and guidance from various sources, and also opportunities to discuss issues;
- support from the East Ayrshire Council Health and Safety Team regarding revised risk assessment templates to support the latest national guidance;
- ongoing assistance from the pan-Ayrshire Care Home Professional Support Team, who provided a variety of training and staff cover if required; and
- provision of various practical supports, including sourcing PPE.

The collaborative support provided to our partner care homes since the onset of the pandemic has made a meaningful difference to both residents and staff, demonstrating the importance of partnership working across organisations in achieving positive outcomes for people.

Social Care in Scotland. As we move towards growth and transformation, we continue to build on the work carried out to support our workforce to recover from the Covid-19 pandemic.

Work is in progress at the time of reporting to develop the Partnership's new Workforce Plan 2022-25. The Workforce Plan reflects the considerable challenges we face in delivering services into the future including the looming 'cost of living crisis' and ongoing recruitment issues in several key areas including social work and nursing. The final workforce plan will be published on the Health and Social Care partnership's website no later than 31 October 2022. Actions in the final Workforce Plan will align to the 5 Pillars of the workforce journey; Plan; Attract; Train; Employ and Nurture. Engagement with services, third and independent sector partners and trade unions is in progress and will be used to inform the workforce actions until 2025.



Workforce Planning

The health and social care workforce is our most valuable asset. This sentiment has been demonstrated throughout the Covid-19 pandemic, with the resilience, commitment and flexibility of our staff having been key to the continued delivery of essential services which protected the wellbeing of East Ayrshire residents.

A range of workforce planning activities are in place to ensure that we continue to deliver the objectives of the East Ayrshire Health and Social Care Partnership Strategic Plan 2021-30 and meet the key challenges of recovery, growth and transformation as identified in the National Workforce Strategy for Health and

A number of key themes have emerged within the Workforce Plan 2022-25, including enhanced workforce planning data; investing in talent pipelines including Modern Apprenticeships, Graduate Interns and 'grow our own' programmes; growing our workforce and enhancing inclusion. Work is also ongoing to improve employability and to attract younger people into the Health and Social Care Partnership. East Ayrshire Council has put in place a Jobs and Training fund to recruit up to 200 Modern Apprenticeships and Graduate Interns between 2022 and 2025. The Health and Social Care partnership has expressed an interest in 40 Modern Apprentice positions between 2022 and 2023. A Partnership-wide Workforce Planning Board will be established to co-ordinate workforce planning activity and to provide oversight of this work.

Workforce Wellbeing

A number of protective measures were established at the onset of the pandemic to safeguard the physical health of the HSCP workforce, including the provision of PPE and social distancing restrictions in the workplace, which largely remained into 2021/22. Alongside protecting physical health, staff mental wellbeing continues to be a main priority for the Partnership. A dedicated working group developed a suite of measures to support staff throughout 2020/21, which have been continued and developed within the last year to meet needs.

Examples of the supports available to staff throughout 2021/22 include:

- numerous wellbeing materials and signposting links on the 'Wellbeing in East Ayrshire' webpage;
- frequent distribution of Council and NHS employee newsletters (including Healthy Working Lives newsletter and Wellbeing newsletter), containing practical support information and links;
- provision of a Mental Wellbeing Toolkit and 'Supporting Wellbeing' Course for managers; and
- staff access to: a Mental Health First Aid course, 'Spaces for Listening' sessions, 'Assist' training for suicide intervention and 'Able Futures' which delivers 1:1 support sessions provided by The Better Health Generation's Mental Health Nurses, Occupational Therapists and Counsellors.

In addition, the HSCP's Health and Wellbeing Coordinator continued to provide tailored wellbeing support for our workforce and partners throughout the last year. The supports delivered, coordinated through a 12 month Wellbeing Programme, were wide-ranging and fully inclusive, including:

- 4 week or full day 'Finding Inner Calm' programme, and a 'train the trainer' programme;
- 4 week Mindfulness course;
- 12 week programme of health and wellbeing workshops (such as: yoga, guided relaxation, emotional freedom tapping and self-massage activities);
- 'Limiting Beliefs' workshop;
- recorded content on the Wellbeing Blog within the Wellbeing website;
- ad-hoc wellbeing advice and guidance as required;
- bespoke management, team and 1:1 supports;

- tailored health and wellbeing training programmes; and
- signposting to numerous resources and services.

The Health and Wellbeing Coordinator will also be delivering wellbeing sessions in 2022/23 as part of the Community Care Officer Induction Programme, in addition to providing Community Care Officers with role-specific wellbeing resources and tools.

Safeguarding Wellbeing

A collaborative approach has been taken between Community Planning Partners since the onset of the Covid-19 pandemic to protect the wellbeing of East Ayrshire residents, particularly those most vulnerable in our communities. This initially included the creation of an integrated shielding pathway across all sectors to provide a range of essential supports for the 5,400 people shielding in East Ayrshire during the first wave of the pandemic.

East Ayrshire Council staff have continued to make wellbeing check calls to vulnerable people in our communities throughout 2021/22, with 6,368 calls being made within this period. Although this process initially targeted those who were shielding and focused on ensuring people had the necessary supports they required, the offer later widened to anyone who felt that they would benefit from a regular call. The check calls provided a 'friendly ear' for people and gave opportunities to raise any wellbeing issues, with the frequency of calls varying from two times a week to fortnightly depending on individual need.

A range of fundamental supports have been delivered during this period, including:

- organising prescription collection and deliveries;
- arranging for emergency food parcels to be delivered;
- providing advice on the Covid-19 vaccination schedule;
- signposting to the Financial Inclusion Team;
- arranging for energy meters to be topped up with credit;
- arranging house calls to check on the welfare of people who have not answered their check calls;
- linking people with Mental Health Practitioners; and
- easing feelings of social isolation.

The [Wellbeing in East Ayrshire website](#) continued to be maintained during 2021/22 to ensure the information contained within remained relevant and up to date, to support residents to look after their physical and mental health. The website incorporates a range of practical content and links relating to various themes, including: general wellbeing, mental health, social activities, physical exercises, financial advice, and children, young people, parents and carers. Similarly, NHS Ayrshire and Arran also continued to publish a range of wellbeing material and links on its [Better Health website](#) in relation to keeping well during the pandemic, with a particular focus on: physical activity, alcohol, smoking, mental health and oral health.



Wellbeing Group

The Wellbeing Recovery and Renewal Group, which was originally established in 2020 as part of the emergency response to Covid-19, evolved into a network of wellbeing partners with membership spanning across the HSCP, the Council, third sector and community partners. The newly named Wellbeing Group continued to embed the cross-cutting wellbeing partnership arrangements established during the pandemic to ensure continuity of legacy actions and to maximise the opportunities for collaboration. The Group had a key role in developing a range of workforce wellbeing supports in response to winter and system pressures. This included the establishment of Community Wellbeing Hubs with access to restroom facilities to aid rest and recuperation for primary care and social care staff working in the community. The First Aid for Mental Health programme, targeting the primary care and social care workforce, including the third and independent sectors was also extended in collaboration with the East Ayrshire Council Healthy Working Lives Team. A range of communication and promotional materials, resource packs and wellbeing interventions such as Finding Inner Calm and Mindfulness were also developed to ensure that the primary care and social care workforce had full access to supportive wellbeing options.

Recovery and Renewal

Following our initial response to the pandemic in adapting service delivery to safeguard wellbeing and to maintain essential provision, a key focus for health and social care services has been on the recovery and renewal from the impact of Covid-19. In East Ayrshire, we have adopted an empowered, flexible and place-based approach to recovery and renewal, ensuring that the appropriate supports are in place to best serve and protect our communities. A strong commitment and close collaboration between services and partners has been crucial to successfully achieving this to date. Our recovery and renewal efforts are still ongoing at the time of reporting, however we have made considerable progress across a number of areas while continuing to deliver person-centred services within challenging circumstances to ensure positive outcomes for people, as illustrated throughout this Report.

Three cross-cutting priorities were identified by the East Ayrshire Council Management Team in June 2020: Children and Young People, Economy and Environment and Wellbeing. Governance structures were established to support and oversee each of these priorities, either through existing Community Planning Partners, IJB networks or groups which emerged at the onset of the pandemic. These priorities have been central to transformation work undertaken to date and in achieving the Council's vision to:

“Learn from our response to Covid-19, viewing recovery and renewal through the lenses of our emerging priorities and accelerated transformational aspirations, to re-imagine and positively challenge what and how we deliver safe and sustainable services, ensuring our vibrant communities remain at the heart of everything we do.”

In progressing towards the continued recovery and renewal from Covid-19, our health and social care services will focus on the following core aims: meeting current need; addressing new priorities; and moving forward with transformative resilience.

The following aspects will be key to recovery and renewal transformation in delivering our services:

- **Customer Contact:** Digital, remote working, virtual assessment, check calls and reviews, conference calls, face to face and infection prevention measures;
- **Flexible Roles:** Adaptability and progressing service reviews;
- **Digital:** Different delivery (TEC), smart supports and apps for self-management, reducing meeting times and analogue to digital transition;
- **Alternative Delivery Models:** New models of care, deeper integration and digital utilisation (Attend Anywhere/Near Me and TEC);
- **Home Working:** Embed culture, ensure positive work-life balance, team time and being sensitive to the individual;
- **Community Empowerment:** New alliances, caring and kindness, empowerment to drive wellbeing and local Test and Protect;
- **Place / Empowered Teams:** Leading and managing transformation, enabling teams and leaders to transform, empower to deliver in different ways, investing in place-based integrated working and teams around the community.

Specific improvement actions and further information relating to recovery and renewal from Covid-19 at a HSCP service portfolio level can be found within our [Service Improvement Plans](#).

5. Integration Joint Board - Governance and Decision Making

Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the membership of the Integration Joint Board (IJB), which includes members nominated by the two integration partners; East Ayrshire Council and NHS Ayrshire and Arran, professional advisors from health, social care and Public Health, partners from the third and independent sector and representatives of people who use services and unpaid carers.

The voting members of the IJB are appointed through nomination by NHS Ayrshire and Arran and East Ayrshire Council. The first Chair had been appointed for the first two years of the IJB from 2015 until the Local Government Elections in May 2017. Subsequently the IJB Chair and Vice Chair post holders are appointed for a period, not exceeding three years, and in reality have alternated every two years between a Health Board and a Council representative. In response to the Covid-19 pandemic as part of delegated arrangements, both integration partners agreed a further 1 year extension to the appointment of the members from May 2020 to June 2021. To align with the local government elections, East Ayrshire Council further agreed to extend the appointment of Councillors to May 2022, at which time the new Council considered appointments to the IJB at their Statutory Council meeting.

Stakeholder Forum

The IJB recognises the importance of the role and involvement of stakeholder representatives, in particular unpaid carers and people who use services. Membership is also open to individuals and representatives from the Third Sector Forum, patient and community organisations.

The Forum nominates two representatives to join the IJB and wider governance committees. A core membership meets six weekly in advance of the IJB to consider and comment on the IJB agenda, and to ensure the views of both unpaid carers and people who use services are represented at the IJB and wider committees.

In keeping with best practice, a review of the forum is currently underway, asking members what is working well and what could be improved upon to ensure its growth and continued effectiveness. This has also been an opportunity to discuss the forum's links with the wider governance committees. The review will generate a development action plan reflective of the areas members have so far highlighted for improvement such as recruitment and increased membership, induction with ongoing training and support, increasing the opportunities to influence change and participating fully in discussions.

Directions / Decision Making

The Board continued to develop defined powers within the Public Bodies Act as laid out in sections 26 to 28 of the Act, which takes the form of binding (legal) Directions. These Directions clearly set out how the Health Board and Local Authority are required to action strategic commissioning plans and delegated budgets from the Integration Joint Board.

A Scottish Government Good Practice Note on Directions was published in January 2020. Work continues collaboratively in Ayrshire to develop a shared format and policy for Directions with integration partners recognising the shared Health Board and Partnership boundaries.

Directions continue to be issued to integration parties by all three IJBs and details of all Directions issued to East Ayrshire Council and NHS Ayrshire and Arran can be found at www.east-ayrshire.gov.uk

A number of Directions were given throughout 2021/22, including an extension to services, for example:

<p>Alcohol and Drugs Partnership - issue a Direction to both NHS Ayrshire & Arran and East Ayrshire Council to commission services in support of the Alcohol and Drugs Partnership Action Plan.</p>	<p>16 June 2021</p>
<p>Wellbeing and Recovery: Adult Day Opportunities - issue a Direction to East Ayrshire Council to implement the approved recommendations arising from the Adult Day Opportunities Best Value Service Review.</p>	<p>25 August 2021</p>
<p>System Pressures Investment Plan - issue a Direction to both NHS Ayrshire and Arran and East Ayrshire Council to 'pass through' resources in full to the IJB to enable implementation of the Plan.</p>	<p>9 February 2022</p>
<p>Social Care Contribution and Charging Framework and Approved Rates, Contributions and Charges – 2022/23 – issue a Direction to East Ayrshire Council to implement the alterations to charges and contributions for social care services for the Financial Year 2022/23 and the rates paid for social care services.</p>	<p>23 March 2022</p>
<p>Annual Budget 2022/23 – issue a Direction to both NHS Ayrshire and Arran and East Ayrshire Council to deliver services on behalf of the IJB within the delegated resource in line with strategic planning priorities, following further refinement of allocations across service area.</p>	<p>23 March 2022</p>
<p>Locality Services: Community Care Contracts - issue a Direction to East Ayrshire Council to continue the contractual agreement with Alzheimer Scotland (extended for one year to 31st March 2023).</p>	<p>23 March 2022</p>

6. Financial Performance

IJBs are specified in legislation as 'section 106' bodies under the terms of the Local Government (Scotland) Act 1973. The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Government Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment. The Local Authority (Scotland) Accounts Advisory Committee (LASAAC) issued Additional Guidance for the Integration of Health and Social Care in March 2019. This guidance has been developed to support consistency of treatment and the appropriate implementation of financial reporting for integration.

The 2014 Regulations require IJB Members to consider the unaudited accounts at a meeting to be held no later than 31 August. In addition, the IJB, or a committee whose remit includes audit or governance functions, must consider the audited accounts and aim to approve the Annual Accounts for signature no later than 30 September, with publication no later than 31 October. As part of our reporting arrangements, audited accounts are presented to the IJB Audit and Performance Committee in August each year for final approval, which are then reported onwards to the IJB before submission to the Council and Health Board. The Audited Annual Accounts 2021/22, along with the external auditors' ISA260 report on the outcome of the audit, will be submitted to the IJB on 17 August 2022 for formal approval.

The net cost of provision of services in 2021/22 was £263.251m. The net revenue expenditure represents the running costs of the IJB and indicates the significant size and complexity of the organisation. Directly managed expenditure for the 2021/22 financial year is £28.339m less than the budget delegated to the IJB and is partially offset by an adjustment of £3.492m in respect of the Partnership's share of services managed on a pan-Ayrshire basis under Lead Partnership arrangements. Of the resultant population based £24.847m net underspend for 2021/22, £20.642m has been earmarked for specific commitments in future financial years. These commitments include: £11.363m Covid-19 funding, £0.908m Interim Care funding, £0.386m Children and Young People Mental Health and Wellbeing funding, £1.021m Alcohol and Drugs Partnership funding, £0.741m Urgent Care Pathway funding, £0.706m Mental Health Recovery and Renewal funding, £2.351m Primary Care Improvement Fund and £0.205m Mental Health Action 15 funding.

Definitive management action to alleviate cost and additional demand pressures and achieve cash releasing efficiency savings in various budgets, has contributed to the Partnership spending less in 2021/22 than originally budgeted. The 2021/22 budget was approved by the IJB on 24 March 2021 on a "business as usual" basis, however the Covid-19 pandemic has had a significant impact on expenditure regarding mainline services over the course of 2021/22 and this is reflected in the draft final outturn position. All Covid-19 attributable expenditure totalling £7.273m (including loss of income and unachievable savings as a consequence of the pandemic), has been wholly offset by Scottish Government funding in 2021/22, including £3.110m brought-forward within the IJB Reserve from 2020/21. Going forward, the final costs of the response to the pandemic will depend upon the recovery timescale. Other than £619m allocated in February 2022 (of which £11.363m is earmarked within the IJB Reserve), the Scottish Government will not receive any Barnett Consequential funding in 2022/23 in relation to Covid-19 costs. Projected costs for 2022/23 therefore require to be reduced as far as possible, with a recovery plan within available resources being a key requirement. NHS Ayrshire and Arran received a letter from the Scottish Government on 1 June 2022 to advise that funding of £16.5m is to be provided to offset non-delegated spending in 2022/23. At the time of reporting, the Health Board is awaiting further clarity on how this funding is to be utilised.

As previously highlighted, specific commitments have been identified totalling £20.642m, resulting in a net uncommitted balance for the year totalling £4.205m. Recommendations relating to this uncommitted balance are outlined within the Financial Management Report as at 31 March 2022, for consideration by the IJB. These recommendations are subject to completion of the external audit of the Annual Accounts 2021/22.

The IJB is required to operate within its delegated budget and work continues to be taken forward through the Strategic Commissioning Board to drive delivery of transformational change and ensure that Strategic Planning outcomes are achievable within delegated resources going forward. The Annual Budget 2022/23 report to the IJB on 23 March 2022 outlined a number of continued risks in respect of both Council and NHS commissioned services. It is important to note that the 2022/23 Annual Budget was approved on a "business and usual" basis. The financial and economic impacts of the Covid-19 pandemic represent a significant risk to the IJB and partner organisations going forward. It is intended that the uncommitted balance, and transformational change funding retained within the IJB Reserve, as well as elements of earmarked funding, will be used to mitigate risk going forward.

The Approved Budget 2021/22 report sets out key risks going forward into the financial year. Price inflation was only applied to the base estimate where there was a specific contractual requirement, with price increases not recognised in the budget, being accommodated through greater efficiency and new ways of working. Further risks included pressures in service areas impacted by demographic changes and implementation of new legislation. The balance of delivering additional cash releasing efficiency savings totalling £1.576m, whilst managing increased demand represented both financial and operational risks, which the IJB and its officers were required to manage over the course of the financial year. The requirement to revisit approved savings for 2021/22 as services develop in response to Covid-19 remobilise, recovery and redesign principles represented a further risk.

As in 2020/21, the response to the Covid-19 pandemic, through the Local Mobilisation Planning process, had a significant impact on "business as usual" activity levels over the course of 2021/22. The Partnership mitigated risks associated with the response to the pandemic and also the wider budget through ongoing monitoring and review to ensure the impact on resources as a consequence of increased demand and other unplanned activity changes were outlined in Financial Management Reports to the IJB and the Audit and Performance Committee. Management of increased demand was noted as a significant risk in the Approved Budget 2021/22 report. Notwithstanding the continued impact of the pandemic on service delivery, increased demand has been managed effectively through the IJB's transformational change programme being taken forward through the Strategic Commissioning Board. Work has been undertaken to mitigate the impact of demand and cost pressures through ongoing review of care and support packages and models of care to maximise efficiency, 'front door' approach to service delivery, advances in tele-healthcare and new supported accommodation models, whilst ensuring that our service users' needs continue to be met.

Comprehensive tables displaying our financial performance by Partnership service portfolio between 2017/18 and 2021/22 can be found at www.east-ayrshire.gov.uk.

The table below is the Comprehensive Income and Expenditure Statement, displaying the cost of providing services for the year, according to accepted accounting practice, with comparable figures for the previous financial year. Further tables displaying these costs between 2017/18 and 2019/20 are available at www.east-ayrshire.gov.uk

Gross Expenditure 2020/21 £m	Gross Income 2020/21 £m	Net Expenditure / (Income) 2020/21 £m		Gross Expenditure 2021/22 £m	Gross Income 2021/22 £m	Net Expenditure / (Income) 2021/22 £m
168.082	(6.886)	161.196	Core Services	177.964	(6.868)	171.096
3.271	0.000	3.271	Public Protection	3.216	0.000	3.216
3.735	0.000	3.735	Non-District General Hospitals	4.018	0.000	4.018
29.536	(0.004)	29.532	Children's Health, Care and Justice Services	29.527	0.000	29.527
38.023	0.000	38.023	Lead Partnership Services	30.828	0.000	30.828
23.897	0.000	23.897	Set Aside	24.566	0.000	24.566
266.544	(6.890)	259.654	Cost of Services	270.119	(6.868)	263.251
0.000	(82.043)	(82.043)	East Ayrshire Council funding	0.000	(88.550)	(88.550)
0.000	(188.294)	(188.294)	NHS Ayrshire & Arran funding	0.000	(193.222)	(193.222)
0.000	(270.337)	(270.337)	Taxation and Non-Specific Grant Income	0.000	(281.772)	(281.772)
266.544	(277.227)	(10.683)	Deficit / (Surplus) on provision of services	270.119	(288.640)	(18.521)

The Comprehensive Income and Expenditure Statement highlights a net cost of provision of services for 2021/22 of £263.251m. The variance between this figure and the net expenditure figure of £277.988m reported in the [service portfolio financial performance table](#) (Actual to 31/3/22 column), is represented by the following:

- Funding delegated to the IJB in 2020/21 and accounted for in that year;
- Lead Partnership income from North and South Ayrshire IJBs for their shares of Primary Care and Out of Hours Services;
- Lead Partnership contributions to North and South Ayrshire IJBs for East Ayrshire's share of Specialist Mental Health Services and NHS Equipment Store costs respectively; and
- Large Hospital set aside expenditure attributable to East Ayrshire IJB (managed within the overall NHS Acute Services budget).

The Partnership published its Medium Term Financial Plan 17/18 - 21/22 in November 2017 to understand and address financial challenges. A Medium Term Financial Plan 2017/18 – 21/22 update was presented to the IJB on 25 March 2020, which outlined a number of issues in relation to current financial circumstances and future public spending constraints. An interim high-level Medium Term Financial Plan 2022-30 update was presented to the IJB on 23 March 2022, alongside the Annual Budget 2022/23 report. As part of the IJB fiscal framework, a comprehensive review of the Medium Term Financial Plan will be undertaken following publication of the updated Scottish Government Health and Social Care Medium Term Financial Framework (anticipated in the second half of 2022). This updated Medium Term Financial Plan will align with the Partnership's Strategic Plan 2021-30 and will consider policy intentions aligned to national health and wellbeing outcomes and National Care Service for Scotland proposals. Remobilise, recovery and redesign principles will be an integral part of the updated plan, with continued emphasis on alignment of budgets and activities to ensure outcomes can be delivered in line with the core themes of the Strategic Plan.

The East Ayrshire Health and Social Care Partnership, like all others in Scotland, faces significant financial challenges and will be required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook, with notable factors including price inflation pressures, increasing demand for services and the ongoing response to the Covid-19 pandemic.

7 Best Value

The HSCP's Strategic Commissioning Board continued to progress the delivery of our transformational change ambitions in 2021/22, with oversight from the Audit and Performance Committee. The Strategic Commissioning Board undertakes an evidence-based approach to inform investment and disinvestment decisions and is guided by national advice, with this approach applying to all delegated resources within the Partnership, including 'set-aside' hospital resource where a key planning role exists. Further detail about the Board's activities throughout 2021/22 is presented in the Audit and Performance section within this Report and information relating to service specific improvement and transformational change activity can be viewed in our [Service Improvement Plans](#).

East Ayrshire Council's second Transformation Strategy 2017-2022 'Closing the Gap', sets out proposals for achieving transformational change until 2022, while taking into account the considerable challenges relating to increasing demand for services and resource limitations. To date, the Strategy has involved a shared commitment from our workforce, elected members and communities to planning and working differently, and has driven forward a comprehensive programme of transformational service redesign. Progress in relation to the six Transformational Workstreams has been generally positive, despite challenging circumstances including Covid-19 related barriers, with performance reported on a regular basis through Cabinet and East Ayrshire Performs. Service redesign, effective workforce planning and cultural change have been prominent themes in our transformational journey to date, enabling services to be more flexible and to embed an empowered approach across departments. FACE qualities and behaviours are also well established across our workforce and were very much demonstrated throughout the last two years in adapting to significant operational changes during the pandemic. The new and innovative ways of working developed and implemented in response to Covid-19 have contributed towards the progress of the Transformation Strategy, and continue to inform and shape our recovery and renewal journey.

A strategic programme of best value service reviews commenced in 2019 with the aim of achieving ongoing service improvement through identifying more effective and efficient ways of delivering services to provide better value for money and improved outcomes for local communities. Best value reviews systematically scrutinise services by following the Best Value Review framework and in doing so, challenge the basis upon which these services are provided, consult with key stakeholders and incorporate benchmarking activities, to assess whether there are other or better ways of providing the service.

A number of HSCP service reviews were progressed during 2021/22, involving close collaboration with key partners and stakeholders, particularly people who use services, their families and carers, in line with the principles of the Scottish Approach to Service Design. Due to Covid-19 related pressures, social distancing restrictions and the Partnership's commitment to collaborating with people whom any service redesign would affect, the original timescales for completion of some reviews were revised with approval of the Strategic Commissioning Board.

At a strategic level, the reviews focused on the following key improvement themes:

- Managing demand through early intervention/prevention;
- Maximising choice, control, independence and inclusion;
- Managing costs through efficiency;
- Opportunities from deepening integration;
- Considering the future workforce and shaping sustainable services; and
- Identifying opportunities for reinvestment.

Best value service reviews of Fostering and Adoption, Children's Houses and Kinship Care services were concluded in the reporting period to secure ongoing improvement and sustainability. In line with best value review guidance, this process included comprehensive engagement with people who use the services, their families and carers, and other key stakeholders, along with the careful consideration of a wide range of information as outlined above, to select the best models for delivering these services going forward. A number of shared improvement themes were identified across the three reviews, including: practice reflects the principles of 'The Promise'; develop a targeted approach to meet demand for 'continuing care' placements; establish a proactive wellbeing and therapeutic approach; increased support to ensure children and young people participate in key decisions; increased flexibility and capacity; and improve the quality of services.

The recommendations of these Corporate Parenting reviews were approved by the Strategic Commissioning Board and the Integrated Joint Board, resulting in implementation of the preferred models proposed for each service. Improved in-house management and delivery approaches incorporating numerous evidence based improvements, were selected for Children's Houses and Fostering and Adoption services, and a service reconfiguration model was taken forward for Kinship Care, including the establishment of a dedicated Kinship Care Team within the wider Corporate Parenting Team.

A best value service review of our Older Persons Day Services also commenced in December 2021, with the aim of securing improvement through identifying more effective and efficient ways of delivering the service. The review was at an advanced stage at the time of reporting, with the interim conclusions and recommendations having been approved by the Strategic Commissioning Board on 9 June 2022. Based on current and future service requirements identified in earlier stages of the review, the option appraisal process selected a service reconfiguration model with a range of service improvements. This approach comprises a re-provision of the Irvine Valley site and improvements relating to: staffing and structure, efficiency, partnership working, operational processes and communication. Approval will be sought for the final recommendations from the Strategic Commissioning Board at its meeting on 4 August 2022.

8 Inspection Findings

The HSCP welcomes scrutiny and processes which provide constructive feedback including from external audit and inspection agencies, as we recognise that such evaluations will support our continuous improvement ambitions. Inspections across adult and children's services continued to be impacted by Covid-19 related restrictions nationally throughout the 2021/22 period. The Care Inspectorate outlined its commitment to undertaking inspections safely to protect the welfare of service users and staff, having worked closely with Public Health Scotland to ensure that the inspection process was as safe as it possibly could be. The Care Inspectorate's inspection timetable for 2021/22 was planned using the following three core groups to prioritise activity:

- **Priority 1** – Services assessed as high risk and/or with evaluations of unsatisfactory or weak, care homes and care at home;
- **Priority 2** – Services with no evaluations; and
- **Priority 3** – Services assessed as high risk and/or evaluations of unsatisfactory or weak, all other service types.

71.3% of East Ayrshire care services were graded 'Good' (4) or better in Care Inspectorate inspections in 2021/22, which is a 4.4 percentage point decline from our performance in 2020/21 and lower than the national average (75.8%) in this period. A full list of the latest [Care Inspectorate inspection results](#) for our registered services and details of the [most recent inspections of registered care homes](#) in East Ayrshire can be found at www.east-ayrshire.gov.uk.

A Joint Inspection of Adult Support and Protection arrangements in East Ayrshire took place between April and June 2021. This virtual inspection was undertaken jointly by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland, with a focus on providing:

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected and supported;
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007; and
- An opportunity to identify good practice and support improvement in adult support and protection more broadly across Scotland.

The multi-agency inspection team assessed how well adult support and protection is delivered in East Ayrshire for people aged 16 and over, with a focus on three main areas:

- Key adult support and protection processes;
- Leadership for adult support and protection; and
- The impact of the COVID-19 pandemic on adult support and protection practice.

The [final report](#) was published on 3 August 2021. A number of strengths were noted in East Ayrshire, including: our collaborative supports, leadership, dedicated senior posts, staff understanding of roles and responsibilities regarding adult support and protection, our established learning and development framework, and collaborative working between key strategic partners. Various areas for improvement were also identified, including: the practice of using chronologies in adult support and protection work, the role and function of the social work Adult Concern Initial Response Team, ensuring compliance with guidance for protection planning meetings, case conferences and protection plans, communication between strategic leads and frontline staff across key partners, and a limited quality assurance framework.

9 Caring for Ayrshire

Caring for Ayrshire is a transformative change programme that focusses on the best way to meet the health and care needs of citizens through delivering a range of accessible, high quality, safe, effective and sustainable services that are fit for the future. In establishing this programme, NHS Ayrshire and Arran along with the three Integration Joint Boards in East, North and South Ayrshire, will set out how health and care service delivery will be optimised over the next ten to twenty years across Ayrshire and Arran. The Caring for Ayrshire vision is that:



“Care shall be delivered as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community”.

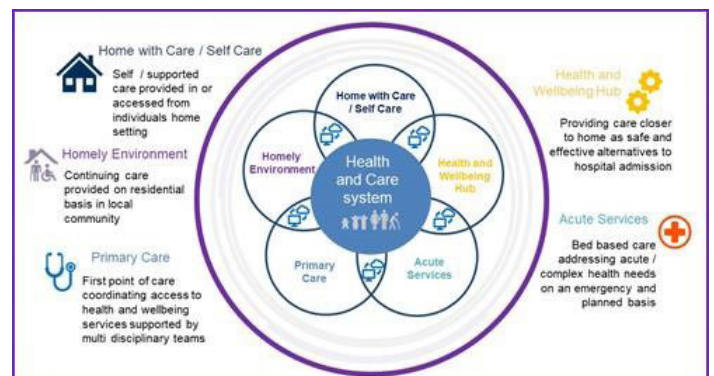
The [Caring for Ayrshire programme](#) is a proactive response to current and future challenges, including: increasing demand for services, aging populations with complex health requirements, responses to Covid-19, workforce gaps, population health, buildings which are no longer fit for purpose and financial restraints. These drivers for change alongside evolving policy, quality and clinical requirements have created a situation which requires local health and social care services to be better co-ordinated with an emphasis on delivery closer to home to improve outcomes for people and reduce dependence on hospital-based care.

Caring for Ayrshire’s ambition includes care delivery in various settings, such as: at home, homely settings, health and wellbeing hubs, primary care establishments and acute hospital settings. The programme will consider and implement innovative solutions to transform the local delivery of care, including utilising technology and developing local resources to support self-care and care at home. Partnership working between services, local communities, third sector, voluntary and independent organisations, will be crucial in delivering the right care, in the right place, at the right time for Ayrshire residents.

The Programme Initial Agreement was developed during 2021/22 and this represents the culmination of the strategic vision and assessment of the potential scale and order of the programme. By working with staff and our citizens,

specific locality based collaboration and partnership working solutions will be defined to deliver the proposed health and care model and/or pathway redesign to address improvements from a service and population health benefit perspective. This will enable the development of strategic options to deliver the proposed programme, establish a better understanding of the impact on our infrastructure and to assess anticipated implications from a capital and revenue perspective. Business cases will be developed to secure approval for the projects that will underpin the delivery of our whole system redesign programme. In many cases these will be collaborative submissions factoring in other local public services and their needs.

NHS Ayrshire and Arran is currently developing and scoping an Informing and Engagement Plan to support the relaunch of Caring for Ayrshire. HSCPs will assist with the engagement and will share to existing networks and resources. Locality engagement sessions will take place in 2022/23 to allow East Ayrshire residents to share their views and aspirations for future service delivery in their local area. Whole system partnership Caring for Ayrshire priorities have been reviewed and confirmed, including an assessment of current service provision and infrastructure. Going forward, the focus will be on local need, developments and ambitions.



10 Audit and Performance Committee

In 2021/22, the Audit and Performance Committee considered internal audit reports from East Ayrshire Council and Grant Thornton LLP on behalf of NHS Ayrshire and Arran, and external auditor reports from Deloitte LLP. In respect of financial assurance, the Committee received a clear audit report from Deloitte LLP, as the external auditor, having considered four dimensions: financial sustainability, financial management, governance and transparency, and value for money.

The Committee considered and provided a view on the governance and assurance arrangements and performance reporting to the IJB. The Committee received regular reports on performance, management and financial arrangements, including the Risk Register of the IJB throughout the reporting period.

During 2021/22 the Committee were updated on the outcome of the Joint Inspection of Adult Support and Protection and the resulting East Ayrshire Partnership Improvement Action Plan. Further updates will be brought to the Committee confirming the progress on the Action Plan. The Committee also received a report on the implementation of the new NHS Scotland National Whistleblowing Standards, which were implemented from 1st April 2021, and the Scottish Public Service Ombudsman having taken up the role of the Independent National Whistleblowing Officer. The aim of the Standards is to ensure that everyone delivering NHS services in Scotland is able to speak out to raise concerns, ultimately contributing to ensuring that the NHS in Scotland is as well run as possible. The Committee receive regular updates on the Standards, whistleblowing concerns relating to the IJB, and any local learning that can be applied following whistleblowing concerns raised across NHS Ayrshire and Arran.

Strategic Commissioning Board

The Strategic Commissioning Board (SCB) is responsible for the management of the Transformational Change Fund (TCF), which is retained as an earmarked balance within the IJB Reserve to promote service redesign, identify efficiencies in service delivery, and to improve health and wellbeing outcomes for residents. The TCF was initially funded via a £1m allocation from East Ayrshire Council in 2017/18. In subsequent years, the IJB has approved that an element of uncommitted balances be retained to continue the transformational change programme, and to promote continuous improvement across all Partnership services. Following IJB approval of the 2020/21 audited Annual Accounts, the TCF balance

was £3.116m. At the end of March 2022, there remains an uncommitted balance of £1.088m, which will be used to offset future transformational change proposals.

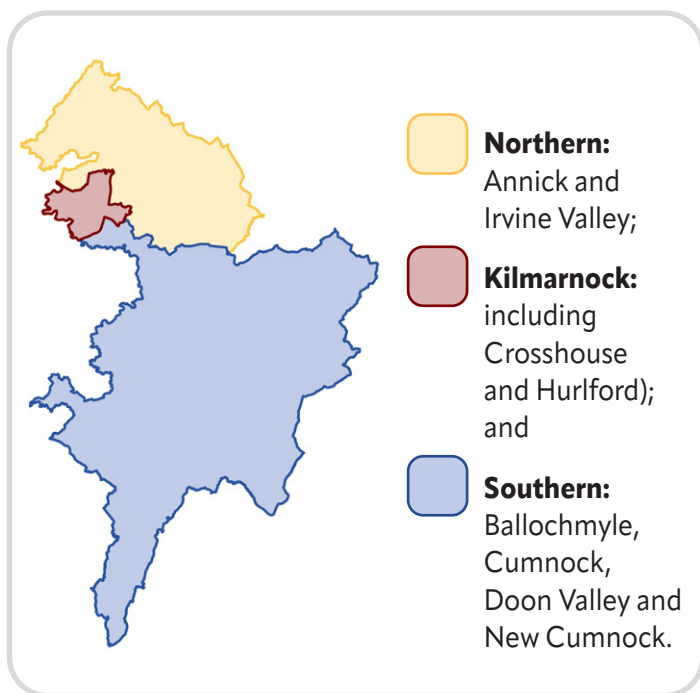
The Board received progress updates regarding the programme of Best Value Service Reviews (BVSR), an integral part of the transformation required to address the challenge of financial sustainability detailed in the Strategic Plan and Medium Term Financial Plan. The programme identifies areas for review on the basis of the clarity of strategic direction for service areas, potential risk and rewards, and is combined with cross-cutting review elements.

Over 2021/22, the Board received reports on progress being made regarding a range of BVSR including: Care at Home Services; Corporate Parenting; Day Services – People with Learning Disabilities; Financial Inclusion Team; and, Older Persons Day Services. Some examples of the additional resources approved by the SCB include: support to establish and implement a Social Care Learning Hub; tackling poverty through a GP Practice Financial Inclusion Pathfinder programme; and, support for the implementation of East Ayrshire's new children's wellbeing model 'HEART' (Help Everyone at the Right Time).

The Board provides regular update reports and an annual report to the Audit and Performance Committee.

11 Localities

Locality Planning is about working together in communities to influence and improve the planning and delivery of local services. There are three localities in East Ayrshire with established Locality Planning Groups:



Much of the focus for the three Locality Planning Groups in 2021/22 has been on the development of their strategic Action Plans, identifying locality-based priorities and agreeing the activities to undertake to tackle these concerns. This has involved discussions on agreeing a focussed agenda for locality planning, strengthening the approach to partnership working and utilising a range of data based evidence to enhance our understanding of the key issues affecting our communities. These activities, supported by wider community intelligence, have informed the targeted locality activities that our Locality Planning Groups will take forward over the next 18 months, which align with the priorities within the HSCP's Strategic Plan.

The priorities for Locality Planning in East Ayrshire over the period 2021/22 include establishing greater levels of community participation and engagement, improving transportation and connectivity, tackling social isolation and loneliness, supporting initiatives to tackle poverty, working with the Scottish Fire and Rescue Service to improve home safety and working with partners to ensure that addiction related stigma is not a barrier for individuals seeking the support and treatment they need. Progress on addressing and realising these priorities will be reported to the Strategic Planning Group on a quarterly basis in 2022.

A key initiative, shared by the three Locality Planning Groups is the development and implementation of a 'Localities Communications Charter' and the establishment of a common approach to engagement and information sharing within our communities. This is expected to be completed by the summer of 2022 and is regarded as a key priority to enhance wider community involvement in decision-making and to ensure the different communities across our localities are kept informed of health and wellbeing events.

The HSCP, along with collaborative commissioning partners are delivering Participatory Budgeting (PB) exercises in East Ayrshire's three localities in the summer 2022. The Locality Planning Groups will coordinate these exercises and in doing so, will promote greater engagement with residents, community groups and wider community representatives. The application process will be open to all public, third, independent, community and un-constituted groups, with applications invited from groups/organisations based in or operating within East Ayrshire. Each locality PB exercise will be a democratic way for people to have a direct say on how public money is spent and the decisions as to which projects receive funding, will be decided by local residents, recognising their right to choice and control over the things that help them to live well. The results of the PB exercises will be announced following each voting event, which is likely to be in July 2022.

We have seen a strong community spirit and an overwhelmingly positive response to the Covid-19 situation across our communities. Effective community engagement was fundamental to our initial response and this has continued to support our recovery and renewal. We have worked to sustain the cross-cutting, partnership delivery arrangements and community-led activity that developed during this challenging period as we recognise that people and communities are the experts in what will best support their wellbeing. Our innovative collaboration and engagement practice has enabled us to embed a place-based approach to service planning and delivery and for local leadership of community wellbeing through the Locality Groups.

12 Lead Partnership Arrangements

East Ayrshire

Strategic planning and delivery of Primary and Urgent Care Services are delegated functions within the scope of IJBs and contractual arrangements are a retained responsibility of NHS Boards. Under the Integration Scheme, East Ayrshire HSCP has Lead Partnership responsibility for Primary and Urgent Care Services.

'Primary Care' refers to the four independent contractors who provide the first point of contact for the population of Ayrshire and Arran. These contractors are General Practitioners, Community Pharmacists, Optometrists and General Dental Practitioners, and leadership arrangements are well-established across contractor groups. Lead responsibility relates to:

- **General Medical Services** - 53 GP Practices in Ayrshire with a registered practice population of 386,749;
- **Community Pharmacies** - 99 Community Pharmacy outlets across Ayrshire and Arran;
- **Community Optometry Practices** - 51 across Ayrshire and Arran;
- **Dental practices** - 67 dental practices providing general dental services (5 are orthodontic practices); and
- **Public Dental Service** delivered under management of Primary Care Dental Team and employed dentists.

Primary and Urgent Care Services are delivered through the Ayrshire Urgent Care Service (AUCS) which provides a 24/7 urgent care response to the population including out of hours General Medical Services. The service is the first point of contact for NHS 24, including further clinical assessment and scheduling appointments for the Emergency Department or Minor Injuries Unit where appropriate. AUCS also provides a direct Covid-19 Therapeutic pathway for eligible patients to receive treatment for symptoms of the virus and mitigates the need for further medical care or hospitalisation. The staffing model within the AUCS comprises General Practitioners (GPs), Advanced Nurse Practitioners (ANPs), Community Nursing, Crisis Mental Health Team, Social Work services and East Ayrshire Community Responders. Through the Redesign of Urgent Care (RUC) Programme, joint working has also been established with the Scottish Ambulance Service (SAS) whereby staff are located within AUCS for joint clinical decision making.

Throughout the Covid-19 pandemic, a joint approach to the delivery of healthcare provision has been a priority for all services to ensure our citizens can access the right care in the right place at the right time. Relationships with service providers across the whole of Ayrshire and Arran, including Independent Contractors, SAS, mental health teams and acute services has strengthened with a focus on providing priority care. The effective handling of demand by in-hours primary care services has made urgent care more easily accessible to those with the most urgent need.

General Medical Services (GMS)

All 53 General Practices provide a range of NHS core services through a GMS Contract. Many practices also support a range of Enhanced Services over and above the core contracted services to ensure patients can receive access to a wider range of services, often without the need to access hospital services. Throughout 2021/22, general practices continued to work differently to manage the impact of the pandemic and ensure care was prioritised to those with the most urgent need. Practices worked with an initial triage model to clinically assess patients remotely and identify the most appropriate route of care. In-person appointments continued to be offered throughout with the number increasing during the year as practices worked to remobilise services. General practices are being supported with various measures to focus on remobilisation of services, including:

- Periods of Protected Learning Time to bring practice staff together to review service models and consider new ways of working;
- Support with recruitment due to the challenges being faced nationally to recruit to GP roles;

- Arrangements for telephone support during periods of peak demand when required;
- Pro-active engagement with communities and parliamentary representatives on local issues; and
- Specialist support to key management roles within practices to review business practices and efficiency.

Throughout this challenging period, GP practices continue to safely manage patients with a lesser need for onward referral. Daytime referrals to hospital previously averaged 60 to 80 per day pre-pandemic, this is now averaging 25 to 30 per day.

The delivery of all adult vaccines (including flu) was intended to be removed from General Practice in 2021/22 through implementation of the Vaccination Transformation Programme (VTP), with responsibility moving to the Health Board. Due to the pandemic, the VTP was unable to be fully delivered in advance of the 2021/22 flu season therefore General Practices supported the Board with the seasonal flu programme. A total of 63,967 flu vaccines were delivered by general practices, with the rest delivered by the Board through mass vaccination centres and peripatetic teams. Although Covid-19 vaccinations and boosters were mainly delivered by mass vaccination centres, some general practices across Ayrshire and Arran offered to support delivery of these to ensure they reached as many eligible patients as quickly as possible. A total of 56,947 Covid-19 vaccine doses were administered by General Practice during 2021/22.

Primary Care Improvement Plan (PCIP)

The new GMS contract, being implemented through the PCIP, provides the basis for an integrated health and care model with a number of additional professionals and services as well as signposting patients where appropriate, to other primary healthcare professionals within the community. This is aligned to the NHS Ayrshire and Arran Caring for Ayrshire vision in developing a whole system health and care model which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

It is recognised that the Covid-19 pandemic and associated remobilisation work has impacted on the original timescales for delivering elements of PCIP 2020-22. Work has continued throughout 2021/22 to complete actions previously committed set out in the PCIP 2020-2022 in conjunction with the recovery arrangements across general practice. Indicative arrangements for 2021-23 were approved by East Ayrshire IJB on 16 June 2021 to deliver on the commitments set out in the General Medical Services (GMS) 2018 Contract, prioritising three key contractual elements: Pharmacotherapy Service, Community Treatment and Care Service and transfer of vaccinations.

Pharmacotherapy:

A recent review of the Pharmacotherapy Service highlighted a positive impact of the service across all performance areas and it has been particularly successful in supporting GP Practices during the pandemic to support those with long term conditions and hospital discharges. As at 31 March 2022, all 53 GP practices had access to Pharmacotherapy services, although the level of pharmacotherapy service delivered differs between practices. Shared care models have been developed including a unique post on the island of Arran, delivering an integrated role across community hospital, residential and home settings.

National recruitment pressures for trained pharmacists are still being experienced therefore resourcing of posts is constantly reviewed to ensure sustainability and resilience. Further recruitment of Pharmacy Technicians was undertaken in 2021/22 with an additional 12.5wte now in post since the previous year. Further investment in 2022/23 will see the service continue to develop with funding agreed for an additional 4wte Pharmacy Technician posts.

Primary Care Nurse:

The Community Treatment and Care (CTAC) model has been prioritised for delivery since the onset of Covid-19. The service is an integral support to sustaining delivery of specific nursing interventions and vaccine delivery within General Practice. During 2021/22 further recruitment was undertaken with a total of 55.3wte Primary Care Nurses and 27.8wte Health Care Support Workers now in post across Ayrshire and Arran. 51 of the 53 practices have full or partial allocation of staff. Accommodation challenges are being resolved with the practices who have yet to receive full allocation.

Consideration of longer term working models for the CTAC service is being considered with GP practices, including a hub approach as a possible solution for practices unable to take their full allocation of staff due to accommodation challenges. A Test of Change for hub working will be undertaken in 2022/23 in South Ayrshire. The CTAC service continues to be developed throughout 2022/23 with recruitment of further staff to support additional resilience and the introduction of Practice Educator roles to support training.

Vaccination Transformation Programme (VTP):

The VTP (launched in 2017), has the responsibility for delivering vaccination transfer from GP practices to alternative service delivery models and had an original completion date of 1 April 2021 which was extended by one year due to the pandemic. The responsibility for delivering all adult routine vaccinations including Pneumococcal, shingles and hepatitis has now been transferred from GP Practices to NHS Ayrshire and Arran. Delivery of Covid-19 vaccinations to adults, including care home residents and housebound citizens, is also being coordinated and delivered by the local mass and peripatetic vaccination service.

Responsibility for the delivery of travel health and non-routine adult vaccinations is the only outstanding element of adult vaccinations requiring to be transferred from GP practices. Discussions are ongoing around a Local Enhanced Service which would have Practice Nurses administer the non-routine adult vaccinations. NHS Ayrshire and Arran's new travel health service is due to launch on 4 April 2022, directing patients to the Fit for Travel website in the first instance. New general out-patient clinics for travel vaccines, available free through NHS provision, will commence week beginning 2 May 2022.

MDTs in General Practice:

40 practices have access to a first point of contact MSK practitioner with recent scoping suggesting an increasing demand for the service in Primary Care. Practitioners have continued a mixed model of remote and in-person assessments during 2021/22 due to the impact of the pandemic. MSK models continue to be reviewed to understand the impact of accommodation challenges in practices and ongoing discussions about additionality for the service, prioritising the 13 practices with no resource. There are national recruitment pressures for trained MSK physiotherapists and the service is testing a skill mix model in the short term.

All 53 practices have access to a Mental Health Practitioner. In January 2022, the Scottish Government confirmed the creation of the Primary Care Mental Health Fund to support wider delivery of mental health support and wellbeing in Primary Care, meaning that the proposed additional Mental Health Practitioners and Primary Care Occupational Therapists to support mental health would be funded through this new route and Mental Health Action 15 monies. All practices across Ayrshire and Arran have access to Community Link Workers / Community Connectors who have continued to support practices throughout the pandemic. Workforce numbers are now sustained with no further additionality anticipated. Appointment numbers have remained at the same levels as pre-Covid, with most delivered by telephone consultation / 'Near Me' as first appointments throughout 2021/22.

Urgent Care:

General Practice is now considered in line with the Redesign of Urgent Care (RUC) Programme considering how practices are now triaging and assessing patients at first point of contact. Early discussions are underway with key stakeholders and Health and Social Care Partnerships to understand what an urgent care workforce may look like with a first point of contact practitioner favoured. This will be taken forward in 2022/23.

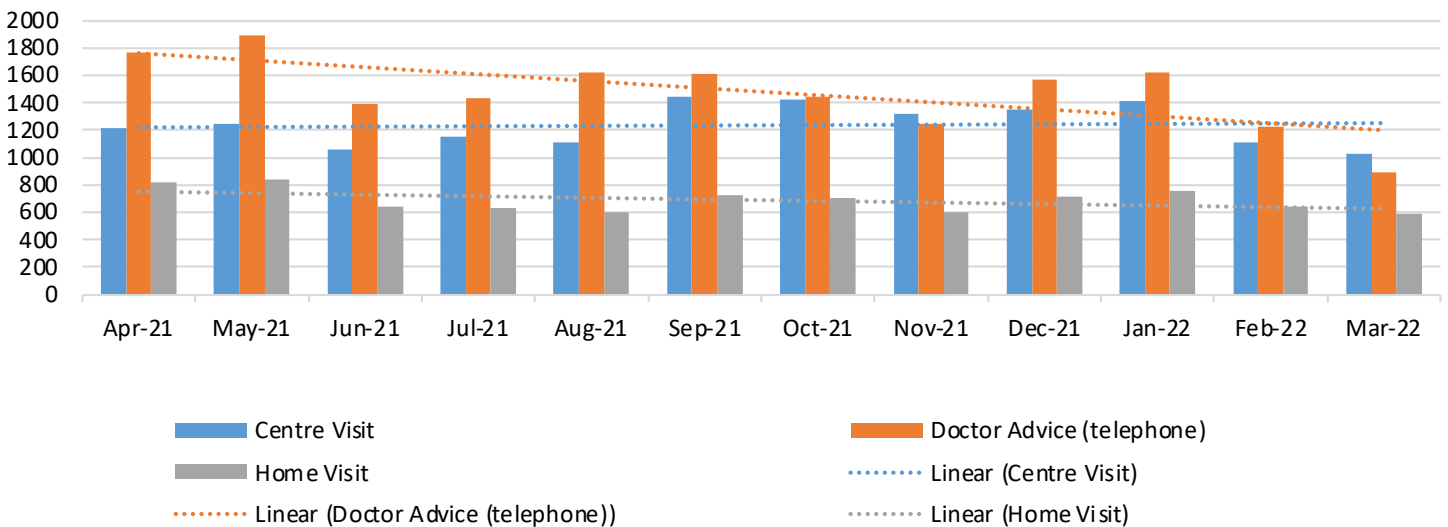
Ayrshire Urgent Care Service

During 2021/22 the service continued to develop models and pathways to meet the urgent care needs of communities across Ayrshire and Arran, working alongside key partners. As well as providing General Medical Services during the out of hours period, this included the further development of the Flow Navigation Centre (FNC) through the RUC and the continued use of the Covid Clinical pathway with the introduction of a Covid-19 Therapeutics programme in December 2021.

GP Out of Hours

The GP out of hours (OOH) service operates between 6pm and 8am Monday to Thursday and from 6pm Friday through to 8am Monday as well as providing 24 hour cover during public holidays. The chart below displays activity within the GP OOH during 2021/22.

GPOOH: April 21 - March 22



Over 2021/22, total activity of AUCS rose by 10% from the previous year. The GP OoH Service had almost 15,000 centre visits (10,500 in 2020/21), undertook 17,730 Doctor Advice telephone calls (16,700 in 20/21) and provided over 8,000 home visits (9,700 in 2020/21). On average this accounts for around 41 centre visits per day, around 50 doctor advice calls per day and around 23 home visits. The demand is different depending on the day of the week but these averages provide an overview of the extent of service provision on a daily basis. The ability to effectively manage patients remotely or during an in-person appointment at a Primary Care Treatment Centre has resulted in a decrease of home visits by 6% from the previous year. This is due to the continued use of an enhanced clinician led hub model, along with the FNC.

Redesign of Urgent Care (RUC)

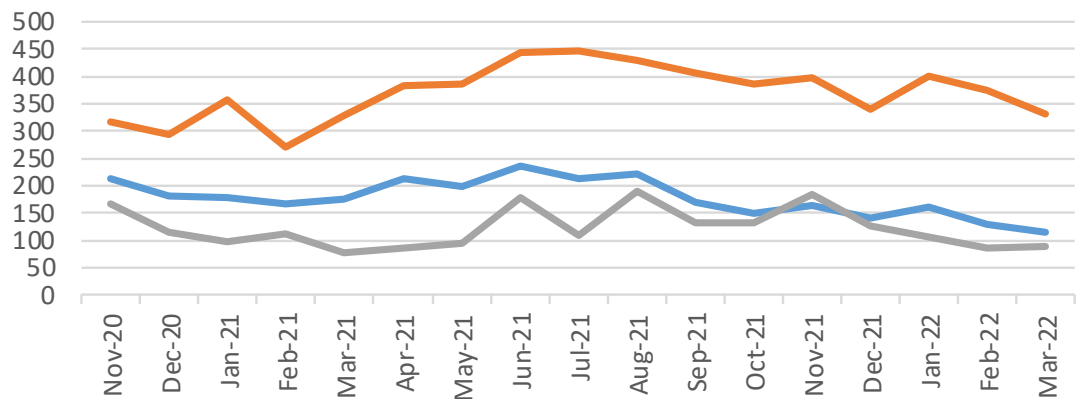
Rolled out nationally in December 2020, Phase 1 implementation of RUC introduced a collaborative approach along with Emergency Department (ED) colleagues, NHS 24 and SAS, to provide improved patient and workforce experience and support service sustainability through a FNC. Throughout 2021/2022, data has been gathered which demonstrates the success of AUCS, the Covid Assessment Centre and FNC as part of the RUC programme. Key areas of success include:

- Joint Professional to Professional working model between SAS and FNC to reduce the numbers of SAS crews conveying patients to hospital when a suitable alternative is more applicable to their care;
- Co-location of the FNC with the AUCS and Covid Assessment Centre teams has meant that a wider range of clinical input and senior clinical decision making is available in a sustainable way across the range of services on offer;
- Suitable scheduling to ED and MIU has been implemented where applicable to patient care;
- Workstreams have been established to enhance and redesign pathways, including working with the Care Home Team, Community Pharmacy, and Mental Health Urgent Care Team; and
- Introduction of a Care Home Urgent Care pathway to reduce the number of patients being inappropriately conveyed by ambulance to ED from care homes and facilitates supported clinical decision making through the FNC.

Throughout 2021/22, the FNC has dealt with calls originating from NHS24 (111) and has gone on to schedule appointments to ED and Minor Injuries Unit (MIU) as necessary, with the remainder of the calls either being closed off as telephone advice or referred elsewhere, such as to Community Pharmacy, Opticians, Falls pathways, Mental Health teams or to GP in and out of hours services.

The extent of the calls from 111 which have been appointed to ED or MIU, or that have been closed off as telephone assessment are shown in the chart below.

FNC November 2020 - March 2022



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
FNC ED Appointment	214	181	177	167	174	213	198	235	214	222	171	150	164	141	160	130	115
FNC MIU Appointment	317	295	356	272	328	382	387	443	446	429	407	387	397	339	399	375	332
Telephone Assessment @ FNC	166	115	97	111	78	86	96	178	108	190	133	131	184	125	107	87	88

— FNC ED Appointment
 — FNC MIU Appointment
 — Telephone Assessment @ FNC

During 2021/22, a total of 2,113 ED appointments were made and 4,723 MIU appointments were also scheduled. Over 1,500 calls ended at telephone assessment within the FNC. This relates to on average, 6 patients being appointed to ED per day and 13 per day being appointed to MIU with 4 being closed off as a telephone assessment. Due to the FNC only being established in late 2020, there is no full year data available to provide a full comparison of 2021/22 data against 2020/21 data. Phase 2 of RUC is now underway (alongside Phase 1), focussing on joining up community pathways, with wraparound care through the patient journey rather than the patient being directed to different services.

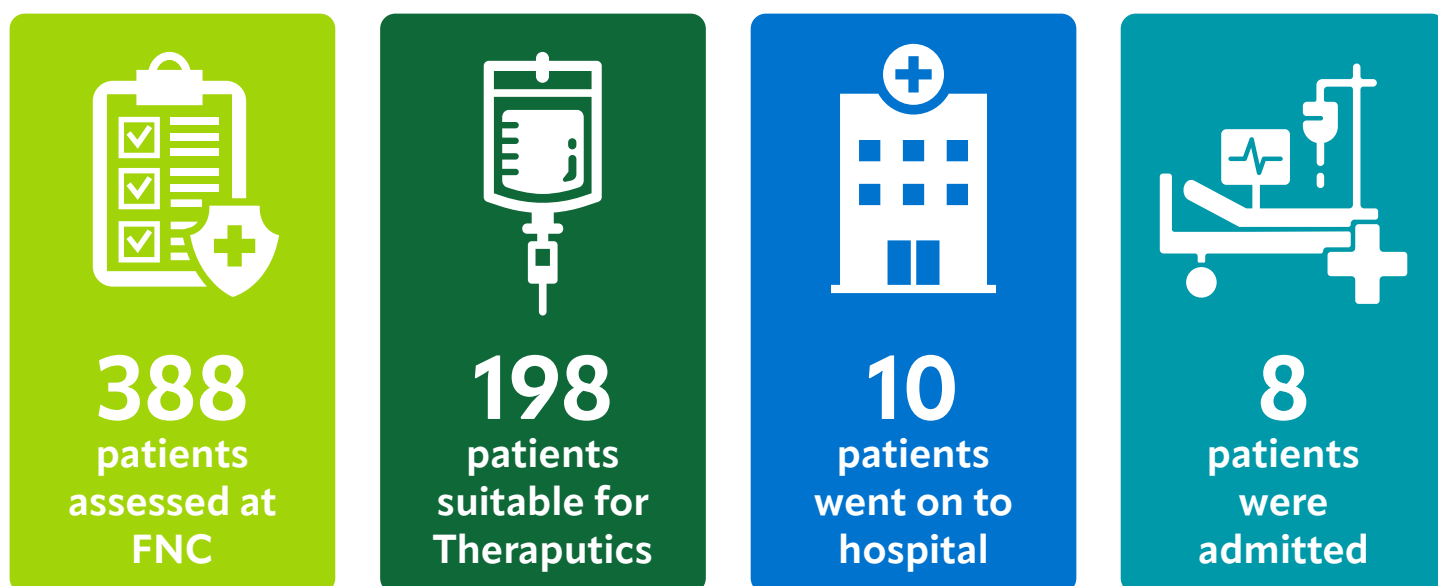
Covid-19 Pathway

A single pathway helps patients to seek clinical advice and assessment for Covid-19/Respiratory/Viral symptoms through accessing NHS 24/111 and direction to the local Covid-19 pathway (via the FNC) for further assessment if required. This pathway also incorporated the Clinical Assessment Centre for patients to be seen to face to face. Throughout 2021/22, the Covid Assessment Centre had over 10,000 calls to the Assessment Hub, with a further 4,000 people being seen at the assessment centre, and 1,700 referred onwards after initial assessment. On average this accounts for around 34 calls per day to the hub with approximately 11 per day receiving further clinical assessment. As with the wider AUCS activity, demand fluctuated and there were shifts in demand related to the waves of the Covid-19 pandemic. Under national direction, the Clinical Assessment Centre ceased on 31 March 2022. Patients who require advice for Covid-19 symptoms will now be re-directed to General Practice in the first instance.

Covid-19 Therapeutics Programme

Since 23 December 2021, a new Covid-19 Therapeutic anti-viral medication for non-hospitalised treatment has been introduced within the Covid-19 clinical pathway provided through AUCS. This new treatment supports a specific cohort of patients deemed as very high risk if they develop Covid symptoms and test positive for the virus. The treatment could potentially save lives therefore the pathway had to be introduced by the Primary and Urgent Care Service very quickly to make it accessible to the right patients at the right time. Patients can self-refer into the service for a full clinical assessment to determine eligibility and suitability for treatment which is only available for patients within the first 5 days of the onset of Covid symptoms. The graphic below displays activity of the Therapeutics pathway since implementation. This shows that only 9% of patients who received therapeutic treatment required further medical intervention.

COVID Therapeutics - 23 December 2021 - 27 March 2022



The Covid-19 Therapeutic programme continues to be developed and work is underway to ensure a dedicated and sustainable skill mix of workforce throughout 2022/23.

Urgent Mental Health Access in Primary Care

A patient pathway delivers Mental Health services using a multi-disciplinary team approach across the Crisis Resolution Team (CRT), Psychiatric Liaison Service and the ANP Service. Additional assessment arrangements are continuing which allow for patients to be redirected from ED. Telephone assessment and alternative in-person assessment options are available at Ayr and Crosshouse hospital and at Woodland View (Irvine), covering 24/7 through Psychiatric Liaison, ANP and CRT services.

Community Pharmacy

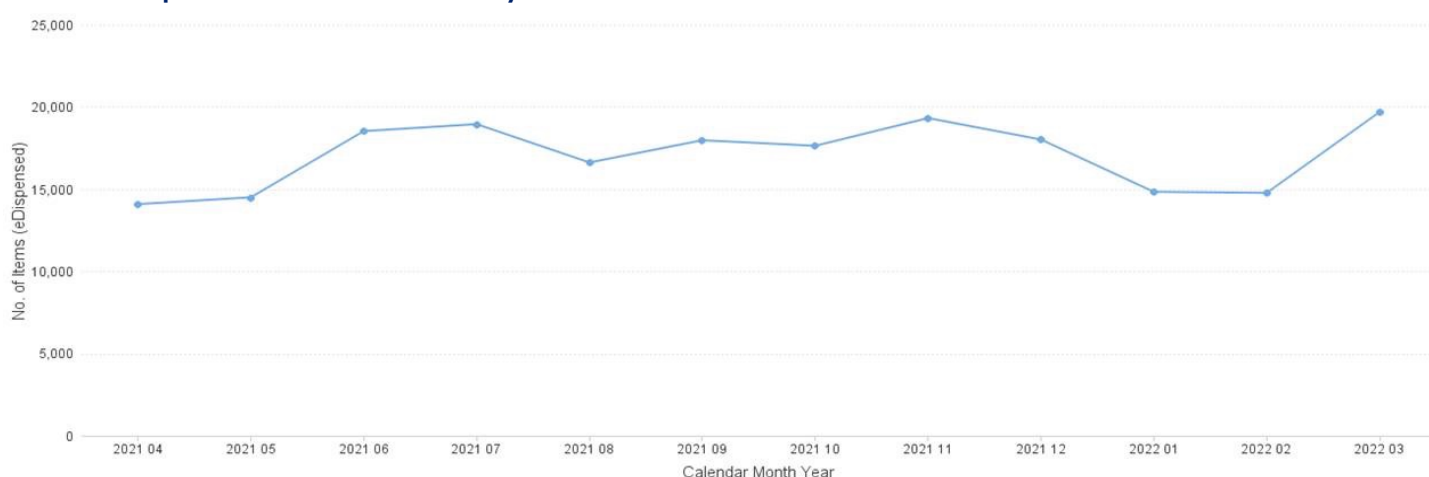
Throughout 2021/22, Community Pharmacies have continued to provide a fully comprehensive service. Pharmacies have remained open throughout with some experiencing staff shortages due to the impact of high Covid-19 transmission. This has resulted in some temporary closures or reduced hours of working.

The NHS Pharmacy First Scotland service was introduced on 29 July 2020 in Community Pharmacies which contributes to urgent care delivery being the first contact for patients for a range of common clinical conditions. Patients who may have previously needed to see a GP or attend out of hours services can now access appropriate care through this service which is available to all patients resident in Scotland or registered with a Scottish GP. Currently, all 99 Pharmacies in Ayrshire and Arran are signed up and providing advice and treatment (if appropriate), which includes UTIs for women aged between 16 and 65, impetigo for patients over 2 years old, shingles and minor skin infections. Community Pharmacies were also able to provide bridging contraception to women from July 2021.

Activity levels are noted below. This significant increase in activity demonstrates the volume of patients attending their local Pharmacy throughout the pandemic during the last year.

Activity Claimed	2021/22	2020/21
Number of Items dispensed under Pharmacy First	204,974	126,240
Instances Where Advice given	20,193	11,402
Referrals	9,116	5,919

MAS e-Dispensed items in NHS Ayrshire & Arran



Of the 9,116 referrals, these were mainly referrals to GPs (3.8% of overall Pharmacy First activity). 12.5% of these 9,116 patients were referred back to their GP for assessment of a suspected Urinary Tract Infection who presented with symptoms out with the scope of Pharmacy First Scotland. This is being reviewed with a view to increase eligibility criteria and reduce this referral rate further.

During 2021/22, 47 Community Pharmacies also supported the delivery of flu vaccinations to patients who would normally receive this at their GP practice in order to provide patients with alternative options. Community Pharmacy delivered 5,446 flu vaccinations on behalf of NHS Ayrshire and Arran during the 2021/22 winter flu season, a significant increase of 65% from the previous year.

Community Optometry

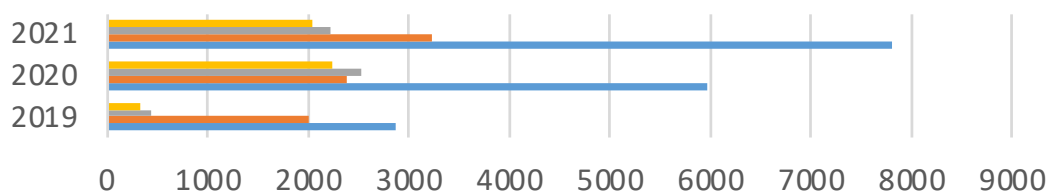
Community Optometrists provide a first point of treatment for minor eye ailments. If people require medicine for an eye problem this is provided free of charge from the Community Pharmacy through Pharmacy First Scotland. Community Optometry practices have now resumed activity at pre-pandemic levels. Community Optometry provides a range of services in addition to routine eye examinations and dispensing of glasses. Optometry practices can carry out post-operative cataract reviews and some are accredited to undertake Diabetic Eye Screening and some provide the Low Vision Aid service. In addition to this in 2020/21, a model was introduced for shared care between primary and secondary care for patients with stable glaucoma which relieves some pressure on secondary care out-patient appointments and allows Community Optometrists to work to the top of their abilities.

Dental

General Dental Services began to remobilise during 2021/22 following the changes introduced at the start of the pandemic to keep patients and staff safe. General Dental Practitioners (GDPs) have been able to see patients within their own practices as well as starting to manage the backlog of patient appointments and treatments, while also maintaining the strict Infection Control Guidance and restrictions of social distancing.

In Ayrshire, the average activity of General Dental Practices is currently 40-45% of pre-pandemic levels, higher than the 20% target set by the Scottish Government. Due to the ongoing impact of Covid-19, reduced capacity in General Dental Practices remains and has led to an increased demand for emergency and domiciliary appointments for unregistered patients provided by the Public Dental Service (PDS). The PDS is now remobilising with revised models of care to ensure that patients are seen where possible at their High Street dental practice. A range of measures and supports have been introduced to GDPs, enabling a wider range of treatments to become available in practice rather than onward referral to the PDS for treatments to be carried out.

The chart below displays the activity of the PDS over the last 3 years. In 2021, 30% more patients accessed care through the PDS compared to 2020, and 171% more compared to 2019. This evidences the impact of patients being unable to access timely dental care via General Dental Practices throughout the pandemic.



	2019	2020	2021
■ Total No. of Emergency Dental Service Attendances	328	2238	2048
■ Total No. Patients contacting PDS - registered with a GDP	443	2530	2216
■ Total No. of Patients contacting PDS - not registered with a GDP	2001	2389	3229
■ Total No. of patients accessing PDS	2876	5973	7803

General Dental Practices are being supported to further remobilise in 2022/23 to support the ongoing pressures in the provision of NHS dental Care. Infection Protection Control guidance has also been further updated with less restrictive controls which will allow more patients to be seen and treated.

Oral Health Improvement (OHI) and Childsmile Programmes have continued to deliver elements throughout the Pandemic but at a substantially reduced level. During the pandemic, both the OHI and Childsmile teams have offered oral health products and resources to schools, foodbanks, Vibrant Communities and community groups in order to support families' oral health. The Childsmile team have offered tooth brushing resources to schools and nurseries but due to the need for a dry brush model, this is more difficult and time consuming for schools to deliver. From April 2022, the normal wet brush model is also being offered, with the hope that the tooth brushing programme can return to pre-Covid levels in August 2022.

Quality Improvement in Dentistry

The implementation of the NES training programme for Enhanced Domiciliary General Dental Practitioners (EGDP) within high street dental practices was paused due to Covid-19. This has now recently restarted with two GDPs approved to become EGDPs for domiciliary care. These EGDPs will initially oversee one care home each, but may opt to expand on this. A further GDP is completing their mentoring sessions with the PDS and should be approved soon. This will complete the outstanding training for all GDPs currently in the programme. NES intend to restart their training programme and will be seeking nominations from Boards.

Other Lead Partnership Arrangements in Ayrshire

The North Ayrshire Health and Social Care Partnership is the lead Partnership in Ayrshire for specialist and in-patient Mental Health Services and some Early Years Services. They are responsible for: the strategic planning of all Mental Health in-patient services, Ayrshire Crisis Resolution Team, Learning Disability Assessment and Treatment Service, Child and Adolescent Mental Health Services, Psychology Services, Child Immunisation Team and Community Infant Feeding Service. The South Ayrshire Health and Social Care Partnership is the lead partnership for the Integrated Continence Service and the Family Nurse Partnership (FNP). This lead responsibility relates to the delivery of continence care and education across Ayrshire and supporting first-time mothers aged 19 and under through an intensive preventative home visiting programme delivered by the FNP.

13 Looking Ahead

East Ayrshire HSCP Strategic Plan 2021-30

The [HSCP Strategic Plan 2021-30](#), developed during 2020/21, outlines the Partnership's commitment to delivering positive transformational change and service improvement to ensure the needs of our communities are fully met and that better outcomes are achieved for people. The Partnership reflected on the findings and proposals from the Independent Review of Adult Social Care in Scotland, published in February 2021, which is incorporated within the strategic framework and policy context of our Strategic Plan 2021-30. Locally, we continue to be well placed regarding many of the recommendations set out and the East Ayrshire HSCP has participated fully in the National Care Service for Scotland consultation. Good progress also continued during the reporting period in embedding the aspirations and values of The Promise within our local practice, as illustrated in section 3 within this Report, and we will continue to develop our local approach to ensure we #KeepThePromise and achieve the national ambition that children and young people grow up loved, safe and respected.



In working towards our ambitions, the Partnership has set out short, medium and long term objectives aligned to six core strategic commissioning intentions within its Strategic Plan 2021-30. A focus will be placed on the following areas until 2024:

Starting Well and Living Well:

- Delivering improvement in the priority areas identified in the [Children and Young People's Services Plan 2020-23](#): tackling poverty, respecting and promoting children and young people's rights, improving wellbeing, achieving and keeping safe.
- Improving access to comprehensive wellbeing and self-management information, resources and supports.
- Integrating alcohol and drug treatment and recovery services into a Recovery Oriented System of Care through delivery of the Alcohol and Drugs Partnership Strategic Improvement Plan.



- Continuing to increase choice and co-ordination of support for people who need palliative care or who are at the end of life, striving to make this as close to home as possible.

Caring for East Ayrshire:

- Working alongside community planning partners, collaborating and co-ordinating at local, regional and national levels, to maximise opportunities across all sectors aligned to: the Ayrshire Growth Deal, Community Wealth Building, Primary Care, town and community regeneration, and school investment programmes.
- Continuing place-based redesign work in Cumnock, the Irvine Valley and Doon Valley.
- Developing our aligned redesign work in local areas by implementing place-based models of care in Stewarton and Kilmarnock.

People at the Heart of What We Do:

- Implementing effective multidisciplinary teams and models around localities, learning communities, GP clusters and community assets through investment in service redesign.
- Developing aligned service redesign in day opportunities for older people, local residential services for adults, and across our prevention and early intervention programmes and initiatives.
- Improving support for people, families and carers affected by recent cancer diagnoses, for both clinical and social needs.
- Reviewing rehabilitation and recovery services to ensure people who need them are able to access the care and support they need to live well.
- Making access to services easy and transition between services seamless for people and families.
- Respecting and upholding the rights of people and families who use services, removing any associated stigma, and ensuring equity of service for those who are socially disadvantaged.
- Enabling implementation through organisational development, physical or virtual co-location and learning and development, facilitating cross-fertilisation of skills.

Caring for Our Workforce:

- Assessing organisational understanding of racism and any structural barriers that may exist within, delivering a strategic response to ensure equal, fair and proportionate access to employment and representation in the workforce.
- Continuing to invest in the workforce to become an employer of choice, attracting and retaining the right people through training, development, support and providing career opportunities.
- Succession planning to ensure our workforce is sustainable and has the right skills as we move forward.
- Building a flexible workforce of people with transferrable skills that recognises and makes best use of expertise.

Safe and Protected:

- Keeping children and young people safe by supporting respectful relationships, promoting

responsible behaviour and through early intervention and prevention.

- Reducing violence against women and girls, and the negative impacts of violence on women and children by delivering the Violence Against Women Strategic Plan 2021-24.
- Supporting children who have experienced domestic abuse to stay safe and together with their non-abusive parent.
- Keeping adults at risk of harm safe by improving prevention and early intervention approaches.
- Improving how prison-based healthcare and community based justice services work together.

Digital Connections:

- Tackling digital poverty by ensuring digital skills sit alongside literacy, numeracy and health and wellbeing as essential skills for life from the early years of life.
- Continuing to promote digital safety within our communities and tackling the causes of digital harm.
- Ensuring the workforce is supported to develop the skills to effectively use technology.
- Continuing to develop the use of digital solutions at the centre of clinical services and support activity across all transformational service redesign.
- Developing systems that effectively share information to reduce duplication and support rights, choice and family situations.

Service Improvement Plans

Service Improvement Plans were established in 2016/17 and have since driven improvement activities across the Partnership's main service portfolios. The current Service Improvement Plans cover the three-year period from 2021 to 2024 across the five HSCP service portfolios: Locality Health and Care Services, Wellbeing and Recovery Services, Children's Health, Care and Justice Services, Primary and Urgent Care Services and Allied Health Professional Services. Covid-19 has presented both significant challenges and opportunities within service improvement planning in the recovery context in terms of managing Covid-19 and non Covid-19 service improvement. The current [Service Improvement Plans](http://www.east-ayrshire.gov.uk) can be found at www.east-ayrshire.gov.uk.



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