

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Tuesday 28 March 2023</b>
<b>Title:</b>	<b>South Ayrshire Health and Social Care Partnership Annual Performance Report 2021/2022</b>
<b>Responsible Director:</b>	<b>Tim Eltringham, Director South Ayrshire Health and Social Care Partnership (SAHSCP)</b>
<b>Report Author:</b>	<b>Rachael Graham, Coordinator, Planning and Performance, SAHSCP</b>

## 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 NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

To present the South Ayrshire Health and Social Care Partnership Annual Performance Report for 2021/22 to the NHS Board; this was approved by the Integration Joint Board's Performance and Audit Committee on 28<sup>th</sup> February 2023.

### 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), which came into force in December 2015, the performance report must cover a number of specific matters. 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 also 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.

Reports should also include reference to the integration authority's contribution to Best Value; locality arrangements; inspection; and any review of the Strategic Plan undertaken. The Regulations also leave scope for the inclusion of other performance related content.

The Scottish Government issued Guidance on 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 provides further detail.

The Guidance requires the publication of performance reports, and indicates that these require to be published within 4 months of the end of the Financial Year: i.e. by 31st July each year. Due to the Covid 19 Pandemic this was extended for an additional period of time however we have been advised that normal timescales will resume this year for the 2022-23 report.

In keeping with the majority of HSCPs across Scotland, the publication has been delayed, reflecting the pressures and capacity within the partnership and nationally, leading to delays in availability of some data sets.

## **2.3 Assessment**

The report covers the period April 2021- March 2022. The report contains the most up to date indicators available and a summary of in-year progress is also included in the report, including key service highlights and examples of innovative work within the HSCP.

It is proposed that the Board notes the performance of the Health and Social Care Partnership from 1 April 2021 to 31 March 2022. The Covid-19 pandemic has continued to be prevalent during this reporting period although there has been less impact on performance and service delivery than previous reports. Detail on the Partnership's performance against the core integration indicators and the National Health and Wellbeing Outcomes, for the period 1 April 2021 to 31 March 2022, can be found in the Annual Performance Report.

### **2.3.1 Quality/patient care**

The report highlights examples of good practice in terms of the quality of care provided to service users and carers in receipt of services provided by the SAHSCP.

### **2.3.2 Workforce**

There are no workforce implications arising directly from the content of the report.

### **2.3.3 Financial**

Financial performance is outlined in the Annual Performance Report.

#### **2.3.4 Risk assessment/management**

There are no risk implications arising directly from the report.

#### **2.3.5 Equality and diversity, including health inequalities**

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

#### **2.3.6 Other impacts**

- Best value
  - Vision and Leadership
  - Effective Partnerships
  - Governance and accountability
  - Use of resources
  - Performance management
  
- Compliance with Corporate Objectives
  
- Local outcomes improvement plans, community planning etc

#### **2.3.7 Communication, involvement, engagement and consultation**

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

- Integration Joint Board, 15<sup>th</sup> February 2023
- IJB Performance and Audit Committee, 28<sup>th</sup> February 2023

#### **2.3.8 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.

- IJB Performance and Audit Committee, 28<sup>th</sup> February 2023

### **2.4 Recommendation**

This paper is for awareness and provides assurance to members on the performance made by the South Ayrshire Health and Social Care Partnership during 2021/22. The Board is asked to discuss and take assurance from the ongoing planned improvement work for the coming year.

## **3. List of appendices**

- South Ayrshire Health and Social Care Partnership Annual Performance Report 2021/22.

# ANNUAL PERFORMANCE REPORT 2021-22



south ayrshire  
health & social care  
partnership



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# Foreword

Linda Semple, Chair of South Ayrshire Integration Joint Board

This Annual Performance Report has been prepared for the reporting period April 2021 to March 2022. This has been another challenging year for those who are involved in the delivery of Health and Social Care services. Following on from the previous year which saw us move away from formal restrictions implemented due to the Covid-19 pandemic, the Health and Social Care Partnership (HSCP) has continued to work closely with the NHS, third and independent sector and local communities as effectively as it could.

The reporting year saw an increase in services returning to what was more in line with previous models of delivery, as well as maximising the opportunities to embrace new pathways of engaging with people, innovative ways to deliver support and continue to support those who needed it whilst still managing Covid-19 impacts on the workforce.

This report is important not only as evidence of our accountability and performance, but also an opportunity to celebrate the positive outcomes achieved during this time. The report content is something to be very proud of, as this has been achieved through hard work, dedication and commitment from all those involved. It also keeps us focused for future developments and opportunities.

There is much to be applauded as stronger relationships and an aspiration to work together well has been the cornerstone of continued service delivery and development in line with the Integration Joint Board (IJB)'s Strategic Plan. As the new Chair of the IJB from May 2022, I would like to offer my thanks and gratitude to the staff and volunteers who have worked tirelessly during this time.



# Foreword

Tim Eltringham, Director of Health and Social Care

I am delighted to be presenting the latest Annual Performance Report for the South Ayrshire Integration Authority. At the outset I would want to pay tribute to the wider staff team for their contribution over the last year. It has been a difficult time for them and for public service in the health and care field.

2021-22 saw the emergence of increasing concerns around workforce capacity across all services. Although restrictions related to the Covid-19 pandemic were relaxed during this period we were required to respond to the very real challenges posed by the emergence of the Omicron variant in late 2021. This impacted significantly on our service capacity as many staff were either unwell or were required to self-isolate.

In parallel with the impact of Covid-19 the partnership has had to contend with an escalating crisis in the recruitment and retention of staff in many areas of business. The concerns have been particularly apparent within home care services. In-house services together with external partners are increasingly experiencing negligible responses to adverts for posts within the service. In conjunction with numbers of staff moving to other roles or retiring this has led to a very significant shortfall in capacity. It is recognised that the “dependency ratio” is a likely to be a key factor in the emerging pattern with falling numbers of working age residents in South Ayrshire. Competition from other sectors is also likely to be playing a part in reducing the pool of workforce coming forward. The staff team have been imaginative in their approach to the issue; employing radio adverts, leaflet drops and in-person recruitment events to generate interest in the sector. While these approaches have had some success it is clear that over the coming year we will need to further explore how to ensure that a career in care is made as attractive as possible to local people.



The workforce issues have impacted on aspects of the partnership’s performance. Most notably delayed transfers of care (DTC) have increased for much of 2021-22; having achieved some of the best performance ever in late Spring 2021 the numbers climbed steadily



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during the year. The team are continuing to work hard to mitigate the rise. Significant new funding was made available by the Scottish Government in late 2021 aimed at supporting a number of initiatives to reduce DTOC and support people to live at home. A key development for South Ayrshire HSCP was the decision to invest in a Hospital at Home service. This service will become fully operational in 2022 and is intended to enable more people to be supported at home without the need for a hospital stay.

A new Learning Disability Strategy was developed during 2021-22 which involved a high level of engagement with all stakeholders. The establishment of a Board of Champions ensured that the voice of people with a learning disability and their families is reflected in the strategy and its future implementation. In addition, during 2021-22 plans were made for the Arran View day service to move to new premises on the Arrol Park site. The Service will open in late 2022.

Adult Support and Protection Services were inspected in Autumn 2021. The inspection identified a range of areas where the service could improve. Many of the future service ambitions were reflected in activity to support the Adult Social Work Services Learning Review (ASWLR) which took place between April 2021 and March 2022. In parallel with the ASWLR a review of community nursing services was undertaken across all of NHS Ayrshire & Arran. The findings of both pieces of work have informed proposals for investment in leadership and locality working which were further developed in the early part of 2022. The impact of the changes which have subsequently been approved will be far reaching in ensuring high quality clinical leadership within the context of locality working.

Children's services have continued to see significant improvements in outcomes for children and their families. The Belmont Family First service which was resourced by South Ayrshire Council has enabled earlier intervention alongside children and their families. Initiatives such as "Signs of Safety" have supported early intervention and has greatly reduced the numbers of children needing formal intervention.

In parallel, the work of the Champions Board and the commitment to support the ambitions of "The Promise" has seen South Ayrshire HSCP providing national leadership in the work to support the needs of children who are care experienced.

In a summary, it is inevitable that only a small number of initiatives can be mentioned by name. There are many others. Crucially, all of the work across the partnership is informed by our caring values and our desire to enhance the lives of citizens in South Ayrshire.

In addition to the staff team my thanks also go to members of the formal committees of the Partnership; The Integration Joint Board, the Performance and Audit Committee and the Strategic Planning Advisory Group. I am particularly thankful for the leadership offered by Councillor Julie Dettbarn who was chair of the IJB during 2021-22.





# Introduction

Welcome to the South Ayrshire Health and Social Care Partnership's Annual Performance Report, reflecting the 2021-22 period. This document shares evidence and demonstrates how we have performed against our outcomes for health, wellbeing, children and young people and justice throughout 2021-22, our seventh year of operation. It also builds on the information we published in our previous Annual Performance Reports, providing a year-on-year review of our progress towards delivering against the Integration Joint Board Strategic Plan.

The Annual Performance Report provides an opportunity to reflect on the past year and to acknowledge and celebrate the achievements delivered by our employees and partners. It is also a chance to consider the challenges that we face in terms of our performance now and in the future.

Progress is measured through tracking key actions, work plans and indicators. This report sets out a range of important measures of progress and describes some of the main areas that we have been working on and the impact achieved for people in our communities. It also celebrates some of our achievements that have been made following a second year of significant and unprecedented challenges.

The South Ayrshire Health and Social Care Partnership ("the Partnership" or "HSCP") was formed in April 2015, bringing together health and care services across South Ayrshire. The Partnership includes the full range of community health and care services and is also the 'Lead Partnership' across Ayrshire and Arran for the Family Nurse Partnership, the Continence Service and the Community Equipment Store.

The Partnership brings together a range of partners, services and substantial financial resources. South Ayrshire's Health and Social Care Partnership is responsible for meeting local and national objectives, and it is therefore important to publicly report on how we are performing against the agreed outcomes that we aspire to.

In taking forward our objectives, we work towards a vision of: "Empowering communities to start well, live well and age well." [Section 42 of the Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) which obliges Partnerships to produce Annual Performance Reports setting out an assessment of performance in relation to planning and delivering their functions. In addition, the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 ("the Performance Regulations") sets out the content that Annual Performance Reports must contain.



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This Report is produced to meet the South Ayrshire Health and Social Care Partnership's obligations relating to performance reporting and is for the benefit of our local communities. It focuses on our performance against the National Health and Wellbeing Outcomes, Outcomes for Children and Young People and Justice and adheres to [national guidance](#).

The Report is delivered in the context of the national and local policy framework, the South Ayrshire Health and Social Care Partnership Strategic Plan 2021-31 and the South Ayrshire Local Outcome Improvement Plan.






The Covid-19 pandemic has undoubtedly had a significant impact on people's lives and on our communities. Health and social care services have played a vital role in the local response to Covid-19, with teams continuing to deliver essential services under difficult circumstances to safeguard wellbeing and ensure positive outcomes for many vulnerable people.

It is important to acknowledge that circumstances related to the pandemic have influenced the progress of various improvement actions and also our performance in some areas throughout 2021-22.

To access a more expansive range of similar statistical information relating to South Ayrshire, please see the [South Ayrshire Health and Social Care Partnership Strategic Needs Assessment](#).

## Strategic Context

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

-  Adults and Older People's Community Health and Care Services
-  Allied Health Professionals (AHPs)
-  Children's Health and Care Services
-  Community Nursing
-  Justice Services

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

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



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

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

## Strategic Plan

The Integration Joint Board approved its first Strategic Plan at the inaugural meeting in 2015 followed by a revised Strategic Plan for the period 2018-2021 which this reporting period covers. Our new ten-year [Strategic Plan 2021-31](#) was approved by the IJB in March 2021.

The overarching aim of the Partnership is to work together with the citizens of South Ayrshire to improve health and wellbeing: to support, develop and encourage communities to be resourceful and supportive of family, friends and neighbours. South Ayrshire Health and Social Care Partnership has responsibility for the delivery of Community Planning Partnership priorities for health and wellbeing, as outlined in the Local Outcomes Improvement Plan (LOIP).

Our Strategic Plan aims to provide a ten-year vision for integrated health and social care services which sets out objectives for the Partnership and how it will use its resources to integrate services in pursuit of national and local outcomes.

The management structure of the Partnership supports integration with all Heads of Service and Senior Managers having responsibility for both health and social care throughout adult and children's services.



# IJB Strategic Plan 2021-2031



## Our Vision

Empowering communities to start well, live well and age well.




## HSCP Services

- Children's Care
- Children's Health
- Justice
- Community Health and Care
- Mental Health
- Learning Disability
- Allied Health Professionals

## Enablers

- Financial resources
- Commissioning
- Property & Assets
- Workforce
- Transformation
- Housing



Our 'South Ayrshire Wellbeing Pledge' was inspired by the engagement process in the development of our Strategic Plan. Reflecting the notion of two parties (public services and the community) contributing to a common goal. The Pledge will look to build on the amazing resilience, spirit and mutual support our communities have displayed throughout the Covid-19 pandemic.



As part of the launch of the Strategic Plan a [South Ayrshire Partnership Agreement](#) was signed by Tim Eltringham, Director of Health and Social Care and Marie Oliver, Chief Executive Officer for VASA. This agreement is a commitment from the Health and Social Care Partnership to work collaboratively with Third Sector Partners in order to achieve the Objectives of this Strategic Plan.



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## Continued impact of Covid-19

During the second year of the pandemic the activities of the Partnership has focused largely on a continued response to Covid-19 and the reintroduction of services as the public health measures were relaxed across the country. Continued efforts were made to a significant proportion of our services, building on the previous year to support our communities through this uncertainty and maintaining service provision as best as possible whilst prioritising critical need.

The impact on performance across all services was monitored and with governance meetings effectively re-instated, albeit virtually, we continued to provide assurance to our Integration Joint Board and tracked key data in relation to the pandemic response e.g. delayed discharges, infection and testing rates within care homes, waiting times for key services as well as adult and child protection.

As the scale of the outbreak reduced and working from home became the norm for a large number of staff, more public facing services resumed, the volume of change in statutory guidance, policy and procedures reduced and we saw a return to a more familiar way of working.

We continued to work in close cooperation with service providers and sector representatives throughout. As we reported last year, the pandemic brought about multi agency responses. These were governed through the South Ayrshire Care Home Oversight Group (CHOG), which at the end of the previous year widened the remit and became the Community Services Oversight Group (CSOG) and through this we sought assurance and provided support to community service providers as well as care homes across South Ayrshire. The CSOG meets weekly, with agreement to respond to emerging need when appropriate, offering a flexible and reasonable mechanism for providers to be supported at challenging times. These have been unprecedented times for our partners and the HSCP has been prioritising our support to the vital work they have been doing to keep residents safe and ensure their wellbeing.

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

Weekly teleconferences are also undertaken giving providers an opportunity to ask any questions. This engagement was used to share information and updates on all aspects of support including operational and financial assistance, developments in new or emerging legislation relating to service delivery or financial sustainability for providers which had been developed at a national level. COSLA provided commissioning guidance to ensure financial sustainability. The financial challenges which emerged from the pandemic had a significant impact on services, arising from a fall in occupancy levels, restrictions to admissions as well as increased operational costs to implement safer working measures as guidance and legislation required.



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The guidance continued to be updated during the reporting period on the use of Personal Protective Equipment (PPE). Working in partnership with the Council and NHS procurement teams, three pathways for access to PPE were identified, to ensure all staff, third sector providers and carers received relevant PPE, in the right volume at the right time. The PPE hub which was introduced in 2020-21 continued to support infection, protection and control of Covid-19 and other illnesses through the distribution of supplies, especially when providers experienced difficulty through their own procurement routes.

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

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

The response to the Covid-19 pandemic has seen new ways of working emerge. Relationships developed quickly with wider services in partner organisations and with external providers. Overall, during the previous year and throughout 2021-22 there has been an increased sense of partnership working.

Moving into 2021-22, the IJB has a significant challenge in shaping a “new normal” for health and social care particularly with the unknown impact of the Independent Review of Adult Social Care. The pandemic has realised the emergence of new ways of delivering care through increased use of technology. In some areas this has accelerated the pace of change of what was already planned and in other service delivery areas this has proved an effective way of communicating both within operational teams and with individuals and their families. It should be noted that the enthusiasm to engage and support implementation of changes to service delivery, whilst continuing to work in challenging times, has been witnessed on many levels. It is heart-warming that a collective and positive approach has been evident throughout and that this is being sustained.

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



## Measuring Performance Under Integration

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

1. **Unplanned Admissions (Emergency Admissions)**
2. **Accident and Emergency Performance (Emergency Department Attendances)**
3. **Unplanned Bed Days (Emergency Bed Days for Acute, Geriatric Long Stay and Mental Health)**
4. **Delayed Discharges (All Delayed Discharges and Code 9 Delayed Discharges)**
5. **End of life care; and**
6. **The balance of spend across institutional and community services.**

Chief Officers from each Integration Authority were invited to submit local trajectories on the proposed measures to the Scottish Government in January 2018 for the years 2017/18 and 2018/19. The South Ayrshire Partnership chose 2015/16 as the baseline year for all indicators with the exception of delayed discharges, where the baseline year is 2016/17.

Updated trajectories for 2019/20 were submitted in January 2019 and included a split by age for under 18's and 18 plus. The tables below show the South Ayrshire actual performance against the trajectories submitted for 2019/20 because Integration Authorities have not been asked to submit updated trajectories since 2019.

**Table 1: South Ayrshire Progress Against MSG Indicators 2021/22 (Aged Under 18) (PHS July 2022 Release)**

MEASURE	OBJECTIVE FOR 2020/21	ACTUAL PERFORMANCE	STATUS
1. Unplanned Admissions	2% decrease	15.4% decrease	✓
2. ED Attendance	Reduce growth to 3%	14.8 % decrease	✓
3. Unplanned Bed Days (Acute)	Maintain at 0%	5.6% increase	x
4. Emergency Bed Days (Mental Health)	62% decrease	90.2% decrease	✓





**Table 2: South Ayrshire Progress Against MSG Indicators 2021/22 (Aged 18 Plus) (PHS July 2022 Release)**

MEASURE	OBJECTIVE FOR 2020/21	ACTUAL PERFORMANCE	STATUS
1. Unplanned Admissions	Reduce growth to 10%	1.1% decrease	✓
2. ED Attendance	10% decrease	29.8% decrease	✓
3.1. Unplanned Bed Days (Acute)	1% decrease	2.8% decrease	✓
3.2. Emergency Bed Days (Mental Health)	19% decrease	57.2% decrease	✓
3.3. Emergency Bed Days (Geriatric Long Stay)	60% decrease	40.1% decrease	X
4. Delayed Discharges (All)	Reduce growth to 25%	29.5% increase	X
5. End of Life Care - % of last 6 months of life in community	Increase by 1 percentage point	Increase of 1.6 percentage points (p)	✓
6. Balance of spend across institutional and community services	Maintain		N/A

1.	UNPLANNED ADMISSIONS 2021/22 (UNDER 18'S)	UNPLANNED ADMISSIONS 2021/22 (18 PLUS)
<b>ACTUAL</b>	1,715	14,325
<b>TARGET</b>	1,987	15,927

2.	ED ATTENDANCE 2021/22 (UNDER 18'S)	ED ATTENDANCE 2021/22 (18 PLUS)
<b>ACTUAL</b>	6,431	22,092
<b>TARGET</b>	7,778	28,328



3.1	UNPLANNED BED DAYS (ACUTE) 2021/22 (UNDER 18'S)	UNPLANNED BED DAYS (ACUTE) 2021/22 (18 PLUS)
ACTUAL	1,996	117,191
TARGET	1,891	119,328

3.2	UNPLANNED BED DAYS (MENTAL HEALTH) 2021/22 (UNDER 18'S)	UNPLANNED BED DAYS (MENTAL HEALTH) 2021/22 (18 PLUS)
ACTUAL	78	14,843
TARGET	302	28,122

3.3	UNPLANNED BED DAYS (GLS) 2021/22 (18 PLUS)
ACTUAL	6,534
TARGET	4,362

4.	DELAYED DISCHARGE (ALL) 2021/22 (18 PLUS)
ACTUAL	24,380
TARGET	23,533

5.	END OF LIFE CARE 2021/22 (18 PLUS)
ACTUAL	88.1% (Provisional)
TARGET	87.5%

6.	BALANCE OF SPEND 2021/22 (18 PLUS)
ACTUAL	tbc
TARGET	95.1%

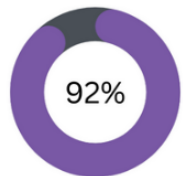


# Our Performance 2021-2022

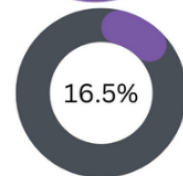
The Scottish Government has set 15 [National Health and Wellbeing Outcomes](#) against which our progress will be measured towards the aspirations for Integration as set out in the 2014 Public Bodies (Joint Working) (Scotland) Act. These Outcomes guide the activity of the South Ayrshire Health and Social Care Partnership. They are supported by a core suite of 23 National Performance Indicators.

This report sets out local progress against these Outcomes. In addition, [Appendix 1](#) details the 23 National Indicators and trends over time.

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



**92% of adults are able to look after their own health very well or quite well. (HCES 2021-22)**



**16.5% of adults in South Ayrshire smoke compared with 17.5% across Scotland. South Ayrshire is ranked 19 out of 32 in terms of the level of smoking prevalence (Source Scottish Survey Core Questions, 2019)**

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

The 2020-21 alcohol-related admissions rate is 719 per 100,000 age-sex standardised population<sup>4</sup>, which is a **10% decrease** overall since 2012/13. The Scotland wide rate is 621.



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There were **335 drug-related hospital admissions** per 100,000 age-sex standardised population<sup>4</sup> in South Ayrshire for the most recent time period available (3-year financial year aggregate for 2017-18 – 2019-20). The Scotland wide rate is 221.

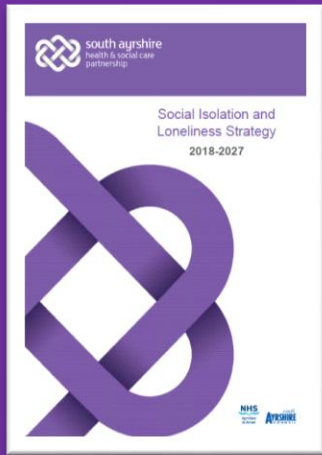
The number of drug deaths per year has risen across Scotland over the last ten years. South Ayrshire figures fell from **31 in 2020 to 23 in 2021**. Ayrshire and Arran had the second highest rate of drug deaths in the period 2017-2021 at 28.1 per 100,000 population compared with Scotland at 22.9.

Drug related hospital admissions: The admission rates per 100,000 of population showed a continued increase in admissions from 315 (316.56 avg.) per 100,000 in 2017-18 to a peak of 440 (442.5 avg.) per 100,000 in 2018-19. Thereafter there has been a continuous fall in admissions per 100,000 to **390 (388.5 avg.) in 2020-21**. These figures are closely matched if compared to the whole of NHS Ayrshire and Arran but significantly above the national average which shows a figure of 270 (269.59 avg.) per 100,000 for 2020-21. This increase is comparable to the increase in drug related deaths both locally and nationally.

Alcohol-related hospital stays: The rate of alcohol related hospital stays decreased between 2017-18 and 2020-21 from **750 to 709**. The rate has been consistently higher than the national average which was 613 in 2020-21. The South Ayrshire Alcohol and Drug Partnership (ADP) intends to analyse hospital data to gain an increased understanding of people being admitted to hospital and interventions to support individuals and reduce hospital stays. Consultation activity as part of the development of the new ADP Strategy has identified transitions and support between hospitals and communities as a priority. The ADP will work in partnership with peers, acute and community services to strengthen the transition support available to patients prior to discharge from hospital to their homes.

The drug related death rates per 100,000 of population showed a continued increase in deaths from **13.38 per 100,000 in 2017 to 32.01 per 100,000 in 2020**. This increase is comparable to the increase in drug related deaths nationally. The ADP recognise the significant harm which can result from dependent substance use, including the increased risk of an alcohol or drug related death. The ADP are committed to review the Scottish Drug Deaths Taskforce Six Evidence Based Strategies – to reduce drug related deaths and implement improvement actions. The ADP will work together to develop innovative, flexible and assertive outreach approaches to engage with individuals most at risk and provide support tailored to their needs.






## Social Isolation and Loneliness Strategy 2018-2027

A Health & Social Care Partnership strategy and implementation plan has been developed by the South Ayrshire Social Isolation Subgroup informed by current literature and wide consultation with our local communities. This nine-year strategy focuses on older people, reflecting the Local Outcome Improvement Plan (LOIP) priority.

This work has continued to support isolated and lonely older people across services and localities. As Covid-19 restrictions have eased more in situ support is beginning to be re-established – for example a range of library based services and work through Sheltered Housing and Leisure services. There are many of these projects that address social isolation directly or indirectly. The Scottish Government has allocated over £440,000 to South Ayrshire to address community based mental wellbeing initiatives and Voluntary Action for South Ayrshire (VASA) led the programme of allocation and support. There are many of these projects that address social isolation and loneliness directly or indirectly.

The Social Isolation and Loneliness Subgroup hosted a webinar in March 2022 with a focus on kindness, compassion and social isolation. The purpose of the webinar was:

- To reflect on kindness, compassion and social isolation in relation to impact, cause, opportunities, existing responses and our strategic approach;
- To identify broader allies and opportunities within larger settings and wider organisations; and
- Develop ideas and actions to inform next iteration of Social Isolation Strategy and Implementation Plan.

 <i>All Together – Growing, Caring and Living a Better Life</i>	
<b>SAVE THE DATE</b>	
<b>A South Ayrshire Community Planning Partnership Webinar: 'Kindness, Compassion and Social Isolation'</b>	
<b>When?</b>  Thursday, 10 <sup>th</sup> March, 2022 10am to 12pm	<b>What is it about?</b>  South Ayrshire Community Planning Partnership would like to take this opportunity to invite you to attend our upcoming webinar with a focus on kindness, compassion and social isolation. At the webinar you will hear inputs from NHS Ayrshire & Arran Chaplaincy team.
<b>Who are the webinars aimed at?</b>  <ul style="list-style-type: none"> <li>• Community Planning Partners and staff;</li> <li>• Local Community Groups and Organisations;</li> <li>• Carers organisations;</li> <li>• Independent Care Sector;</li> <li>• HSCP staff; and</li> <li>• Primary Care staff.</li> </ul>	<b>The purpose of the webinar is to:</b> <ul style="list-style-type: none"> <li>• To reflect on kindness, compassion and social isolation in relation to impact, cause, opportunities, existing responses and our strategic approach;</li> <li>• To identify broader allies and opportunities within larger settings and wider organisations; and</li> <li>• With your help, develop ideas and actions to inform next iteration of Social Isolation Strategy and Implementation Plan.</li> </ul>






**SOUTH AYRSHIRE LIFELINE**  
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[www.southayrshirelifeline.org](http://www.southayrshirelifeline.org)



THE TEAM WILL ANSWER ANY QUESTION YOU HAVE – BIG OR SMALL! WE WILL ALWAYS BE ABLE TO FIND YOU AN ANSWER!

- Activity Search
- Support Guides
- Public Services
- Free Hearing Aid Batteries
- Volunteering
- Crisis Numbers
- Digital Support Helpline
- Dementia

Charity No: SC028234

## Partnership working

The HSCP continues to work alongside a range of partners, such as Voluntary Action for South Ayrshire (VASA) and has committed funding to programmes that address social isolation and loneliness. Programmes such as:

- **Befriending** – supporting very isolated and lonely older people
- **Out and About** – supporting people who have lost confidence to participate in community life
- **Living Well** – supporting self-management skills programmes

VASA continues to promote and develop South Ayrshire Lifeline – a directory of local activities, volunteering and information resources to support people to make social connections.

The following case studies demonstrate the impact that these projects have for some of the people who participate in them and who are supported by programme staff:

### CASE STUDY – Out & About

Mr G is in his 30's and experiences severe anxiety and trust issues. He was sleeping during the day and living his life through the night in order to avoid exposure to crowds or situations that were stressful.

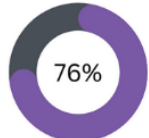
Mr G was paired with a motivated and non-judgemental befriender who initially would call several times per week, this eventually decreased to twice a week and Mr G agreed to be referred to the Out & About Service.

Through attending the Out & About service he has enjoyed walks and cycles whilst building trust and confidence with his befriender, as well as his own self-belief.

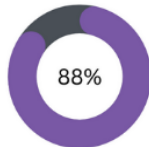
Mr G is now able to undertake daily living activities on his own and has taken on a volunteering role with the aim of going back to work in the future.



## Outcome 2: People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home in a homely setting in their community



**76%** of adults supported at home agreed that they are supported to live as independently as possible. (HCES, 2021-22)



**88%** of people's last 6 months of life spent in a community setting.



Bed days lost to delayed discharge increased significantly from **16,459 to 24,380**.



Emergency admission rate increased from **14,854 to 15,807** per 100,000 population.



Emergency bed day rate up from **136,320 to 144,920** per 100,000 population.



Emergency readmission within 28 days decreased from **128 to 117** per 1,000 discharges

### Supporting people with Dementia – Post Diagnostic Support

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

South Ayrshire's performance decreased slightly over the past year from **96.2%** to **92.7%**. However, performance across the HSCP has been consistently higher than the national average (**81.3%**) over the past 4 years.



## Care at home

Care at home provision in South Ayrshire is delivered by both in house services and external providers delivering support in the community to which allows people to live at home longer and live well.

During 2021-22 the HSCP finalised and procured a new Care at Home Flexible Framework, which was a significant achievement. This was last tendered in 2014 and during that time care at home services across South Ayrshire now deliver an increasing number of support hours. South Ayrshire HSCP relies on the capacity provided by our partners for the external provision to meet the demand for care at home as the demographics of an ageing population who live longer at home is being realised.

Ensuring that there is sufficient governance through a contract was a key priority. The Commissioning Plan sets out the aims and aspirations of the HSCP to deliver a safe, effective, quality service as delegated to their partners. The development of the Flexible Framework during 2020-21 was extensive and brought together providers, carers, HSCP staff groups, service users, Care Inspectorate, finance teams as well as having legal and procurement representation on the working groups to create a fit for purpose service specification.

Care at home plays a vital role working alongside other services including reablement. Whilst there continues to be challenges, particularly with recruitment, these services have maintained positive outcomes and in the main keep up with demand. The table below demonstrates that despite some significant challenges there has remained a level of stability and an overall reduction to the number of commissioned care hours in line with strategic objectives.

	<b>Number of Service users April 21 &amp; March 22</b>	<b>Hours April 21</b>	<b>Hours at March 22</b>
In house	338 / 300	2853	2255
External	1115 / 976	11960	10058

## Care homes

Care homes across South Ayrshire have continued to provide a valuable service to their residents whilst working to the national guidance protocols particularly in relation to delivering on outcomes for their resident group, managing risk, and protecting residents and staff around infection, prevention and control. The number of restrictions, additional reporting and scrutiny placed on services has impacted on care homes significantly and they were supported to find and implement safe working measures to allow residents relationships with





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family and carers to continue whilst keeping other residents safe and well in the care home. As the restrictions relaxed they were gradually able to open their doors again.

Throughout the period, Care Homes who were facing challenges continued to be supported by Care Home Support Team (NHS led) and through Community Services Oversight Group.

The impact on occupancy levels seen during the first year of the pandemic has gradually stabilised. Care homes have played a vital role in the care pathways of service users, particularly those who are delayed in hospital when fit for discharge. South Ayrshire, with the additional funding made available, introduced a number of Interim Care Home beds contracted in partnership with a number of our external providers which were initially for a period of six weeks to support winter planning and contingency. These arrangements have continued and have supported a number of patients to be discharged from hospital whilst waiting on a place being made available at a home of their choosing as the difficulties sourcing appropriate care and support continued into the spring and summer months.

### **Outcome 3: People who use health and social care services have positive experience of those services, and have their dignity respected.**



**76%** of South Ayrshire adults supported agree that they have had a say in how their help, care or support was provided. This is higher than the national average of 71%. (HCES 2021/22)



**76%** of adults who receive any care or support rated it as excellent or good. This is higher than the national average of 75%. (HCES 2021/22)



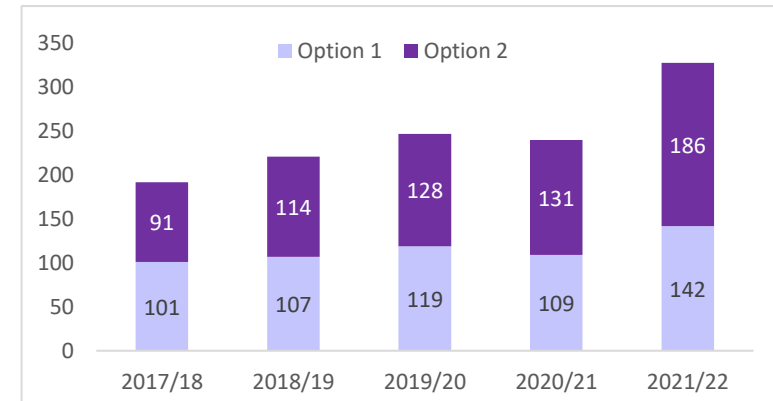
**78%** of people reported positive experiences of the care provided by their GP practice. This is higher than the national average of 67%. (HCES 2021/22)



## Self-Directed Support



- The uptake of SDS options 1 and 2 have increased from 192 in 2017-18 to 328 in 2021-22
- Option 1 levels increased from 101 in 2017-18 to 142 in 2021-22
- Option 2 increased from 91 cases in 2017-18 to 186 in 2021-22



### CASE STUDY – Self-Directed Support

Mr C, 24, is affected by Cystic Fibrosis and Cerebral Palsy. Mr C has been supported in his parents' home by formal home care providers since childhood, as well as Community Nurses and hospital out-patient clinics. Despite being very independent thinking, Mr C has never fully known the freedom and choices that other non-disabled children and young adults have taken for granted.

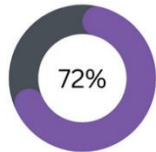
During a transition planning meeting for moving forward into adult services, Mr C was keen to look at living in his own home with his own supports. Mr C wanted to design his care around his needs and the outcomes he wanted for his life as an independent man living alone. Together Mr C and his Social Worker agreed to look at the different SDS options available and the choices and control these would give him.

After some discussion around the four options available and how they would look for him, Mr C decided the only option 3 'traditional' service he wanted was a Community Alarm to support him at home in the event of falls or emergencies. He believed that option 2, an Individual Service Fund contract with a private home care provider, would be easier for him to secure service which was flexible and could design the care and support with them specifically around his needs, desired outcomes and his age and stage of life. Mr C also agreed that to meet his social needs, he would prefer a Personal Assistant to support him, along with support with shopping and less manageable household tasks.

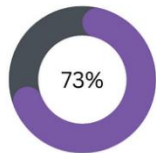
Mr C used SDS option 4 to meet all of his needs which allowed him to mix together different aspects from individual support options 1, 2 and 3 into one bag. He advised it was the best thing he could have done and suited him more than the traditional package of care he initially considered. Mr C has gone from strength to strength with his flexible, responsive supports in place, his confidence and skills have increased as a result of being able to live independently with the support that suits his needs. He has the quality of life and experiences he wants to have as a young man in his own home.



## Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of service users



**72%** of adults supported at home agreed that their services and support had an impact in improving or maintaining their quality of life. (HCES 2021-22)



**73%** of care services were graded “good” or better.

### Care Opinion

A new feedback service for Care at Home services is being piloted to allow service users, families and carers the opportunity to share their experience using the online Care Opinion platform. Care Opinion is working closely with the Partnership to help establish the service, allowing people to make suggestions about how services could be improved or share positive feedback. Users will also be able to see how issues, concerns and compliments are being responded to and any changes that have been made a result of their feedback.

The platform is anonymous and is manned by dedicated Care at Home staff members who respond to feedback openly and transparently. Stories and responses are then shared online for others to see.

The aim over coming years will be to roll out Care Opinion to all services.



## Overdose Awareness Day

South Ayrshire Alcohol and Drug Partnership (ADP) marked Overdose Awareness Day 2021 with a memorial flower walk, starting at Ayr College, travelling along the beachfront and finishing at the Millennium bridge.

The event also marked the launch of South Ayrshire ADP's new Peer 2 Peer Naloxone Network in partnership with RecoveryAyr. Volunteers in the Network will be residents of South Ayrshire who have lived or living experience of drug use or are an affected family member.

Volunteers in the network receive training and support to engage with individuals at risk of an opiate related overdose. Following training volunteers are then able to provide training and a supply of take-home Naloxone and be confident in addressing any concerns or questions. The Peer 2 Peer Naloxone Network aims to provide friendly, non-judgemental and confidential support.

The Peer 2 Peer Naloxone Network is a key part of the ADP's activities to try to reduce the number of people experiencing a drug related death. The ADP have been working with partners to roll out the use of Naloxone throughout South Ayrshire to help reduce the number of people losing their lives to a drug related death. This network will support communities to understand the impact of overdose and how everyone can make a difference.



## Fort Street Supported Living Complex

South Ayrshire Health and Social Care Partnership received keys to the new Ayr housing development in March 2022. Fort Street has been developed in partnership with South Ayrshire Council's Housing team to provide a new supported accommodation facility. The accommodation has been specifically designed for adults with physical and mental health illnesses in South Ayrshire.

The development consists of eleven 1-bedroom properties offering modern accommodation in the heart of Ayr town centre. Each new home has been designed to suit the needs of the individual, helping to support residents in a way that promotes independence as well as reducing risk.

The South Ayrshire HSCP is now in the process of commissioning a new service which will provide on-site 24-hour support to residents. A responsive support base is located within the complex which will be staffed by this new support provider.



## Outcome 5: Health and social care services contribute to reducing health inequalities

### Premature mortality

The death rates for those aged under 75 rose from **435 in 2020 to 451 in 2021**. This is lower than the Scottish average of 466.

### Life expectancy

In the latest time period available from 2018-2020 (3 year aggregate), the average life expectancy in South Ayrshire was **76.7** years old for men, and **81.1** years old for women. This is higher than both the Ayrshire and Arran and Scotland wide life expectancies for females.

The table below provides the average life expectancy for men and women in different areas for the latest time period available. Please note that these are 3-year aggregates from 2018-2020 at partnership, Health Board, and Scotland level.

Average life expectancy in years for the latest time periods (2018-2020 aggregated years for all areas):



SA HSCP	NHS A&A	Scotland
81.1	80.3	81



SA HSCP	NHS A&A	Scotland
76.7	75.7	76.8

Life expectancy in South Ayrshire varies between each Locality with Ayr North having the lowest average expectancy for both males and females at **72.5** and **77.1** respectively compared to Prestwick which has the highest for males at **79** and Troon which has the highest for females at **82.3**.

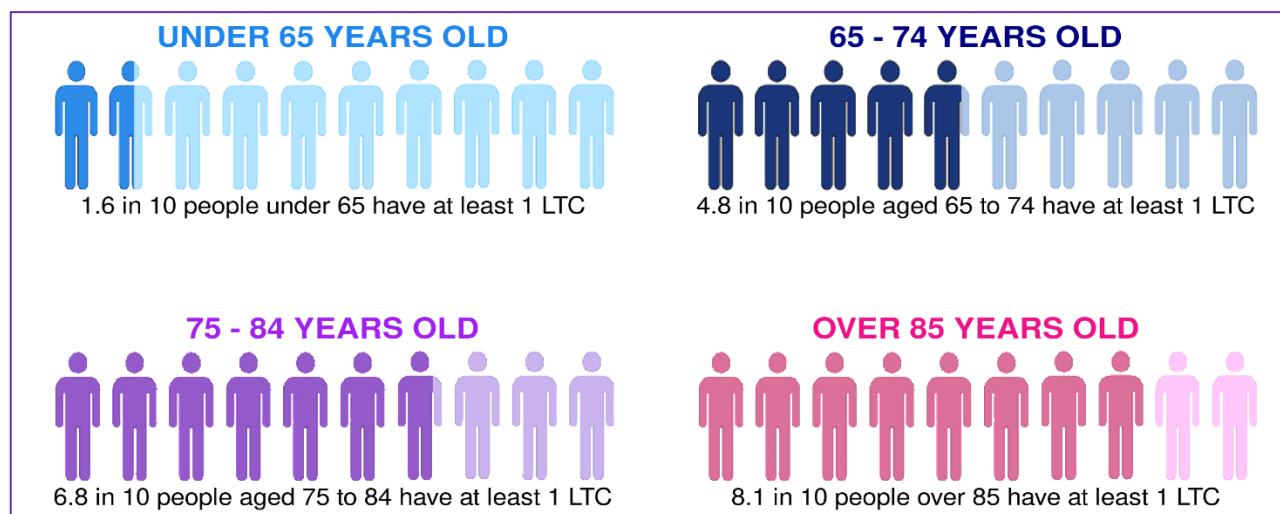


As a Partnership we recognise the importance of prevention and early intervention approaches in improving opportunities and life chances for everyone in South Ayrshire. We believe that our prevention and early intervention approaches should be embedded across the life course, from pre-birth and parenting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

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

## Long-Term Physical Health Conditions and Multimorbidity

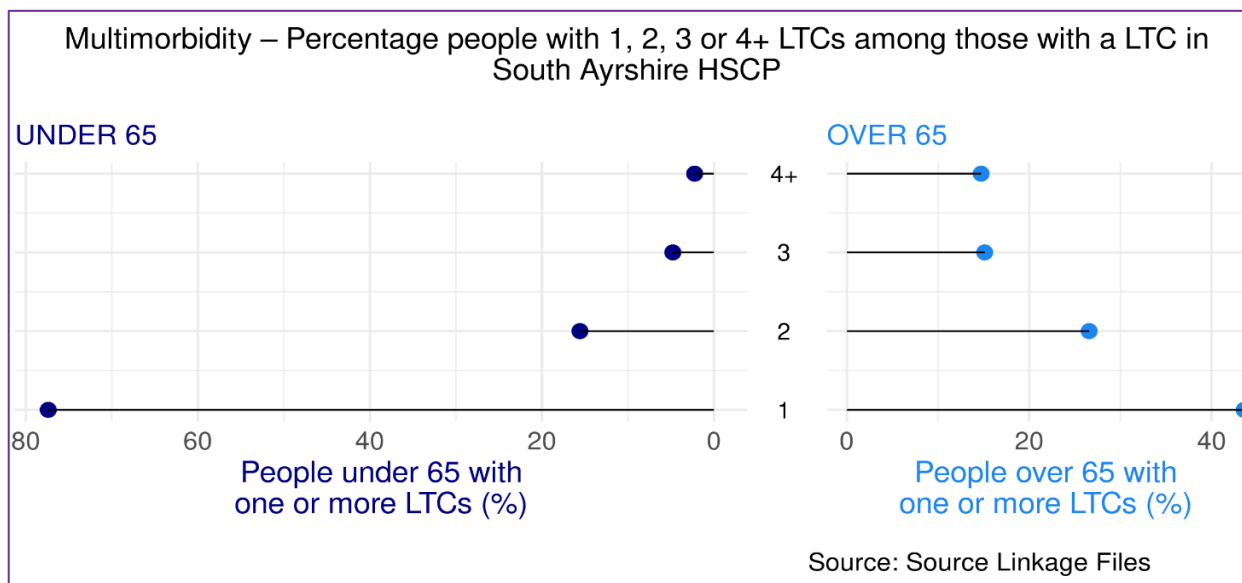
In the financial year 2019-20, in South Ayrshire, **27%** of the total population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.



The co-occurrence of two or more conditions, known as multimorbidity, is broken down in the figure below, distinguishing between age groups. Note that this chart *excludes* the population in the partnership who do not have any physical long-term conditions. The figure below therefore shows that among the people who have a LTC, **23%** of those under the age of 65 have more than one, compared to **56%** of those aged over 65.

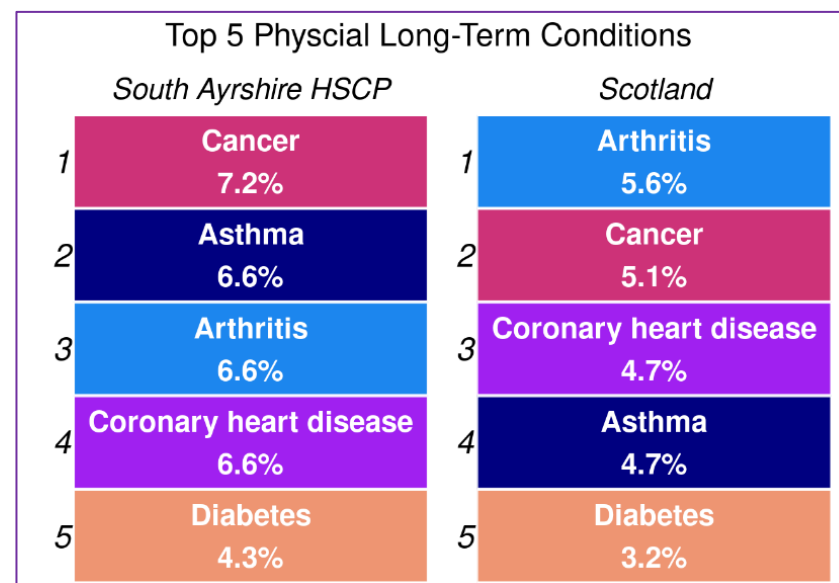


Multimorbidity of physical long-term conditions by age group in 2019-20:



Most common physical Long-Term Conditions (LTCs)

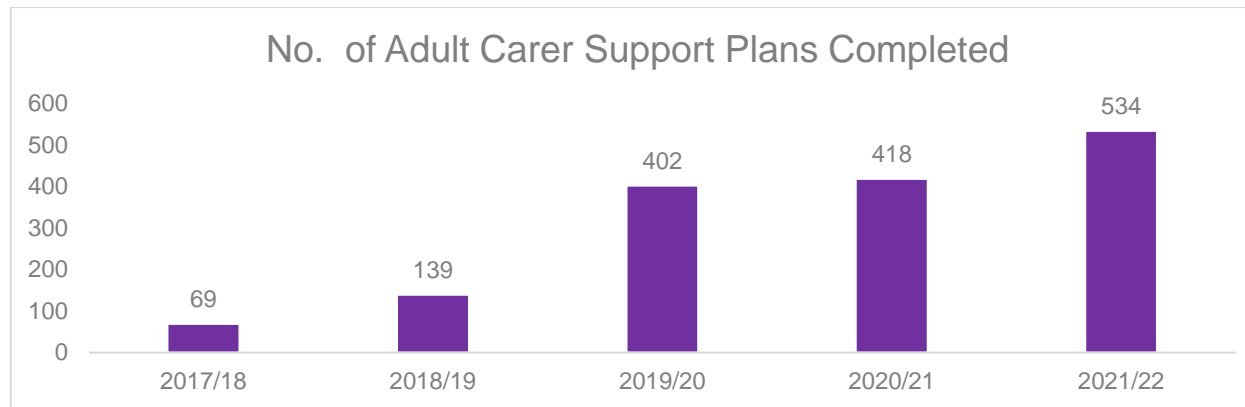
Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).



## Outcome 6: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

### Adult Carers Support Plans

There was a slight increase in the number of Carers Support Plans / Assessments completed in 2020-21 compared with those completed in 2019-20. **402 in 2019-20** rising to **418 in 2020-21** and then increasing by a further 28% to **534 in 2021-22**.



### Adult Carers Strategy

The Adult Carers Strategy has the following four Strategic Themes:

#### 1. I am recognised and valued in my caring role:

Pathways are in place within key settings to allow identification of and provision of support to carers, with new Pathways in development for the CAMHS service. South Ayrshire Carers Centre ensures the wider population understand the importance of carers and that support is available, they have also recently supported Carers to access the Winter Wellbeing and Creative Breaks which was available for short-breaks and support with energy bills. Carers Day events did not take place in 2020/21 due to Covid-19 restrictions. As the situation has improved localities are now discussing the possibility of hosting Carers Day events. Prestwick's Carers Day has been confirmed and due to be held on 17th June 2022. Information materials have been produced by the Health and Social Care Partnership,





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South Ayrshire Carers Centre and others to ensure the wider population understand the importance of carers and the supports available to them.

The Carers Reference Group continues to meet virtually and have representation at Strategic Planning Advisory Group (SPAG) and Integration Joint Board (IJB) Committees.

### 2. I am supported in my caring role

Improving communication to carers and raising awareness of available support has been a key focus throughout the Covid-19 pandemic and over the past year.

Covid-19 advice and guidance for carers has been kept updated and shared through online platforms and South Ayrshire Carers Centre. A Carers Policy Implementation Officer has been appointed and will work with the HSCP and Carers Centre to improve support available to carers. There is a referral pathway in place for independent advocacy for carers and South Ayrshire Carers Centre also continue to deliver advocacy and support to carers. The Strategic Group will be carrying out a review of advocacy support going forward. Work has begun on a new Carers pathway with CAMHS to identify and support families at point of referral to the service. A working group has been established that contains carers leads from South, North and East Ayrshire to provide input and shape the new pathway. The amount of Adult Carer Support Plans being completed has continued to rise and there is work planned to refresh the document in consultation with Carers, the HSCP and the Carers Centre.

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

The Short Break statement sets out arrangements for accessing short breaks / respite in South Ayrshire. South Ayrshire Carers Centre have supported carers to access creative breaks throughout the Covid-19 pandemic to ensure carers were still able to have time to themselves despite the restrictions that were in place. The Centre also continues to provide a range of supports to carers including 1:1 and group support (virtual or via telephone), financial support, signposting and access to funding. As a result of the pandemic some short break providers have ceased operations or no longer offer services that they did previously. Work is planned to develop the offer of short breaks to carers in South Ayrshire.

### 4. I am not defined by my caring role

Opportunities for carers to participate in volunteering will be improved following the launch of The South Ayrshire Volunteer Strategy 2021-24. The Prestwick Employer Support for Carers group has resumed meeting, following a pause due the Covid-19 pandemic, and they continue to work towards engaging local employers and organisations to improve employment support for carers. The Employability and Skills team have also established a Family Engagement Programme that seeks to support unpaid carers into employment as part of one of the programmes aims. One of the key aims is to encourage employers to offer flexible work to accommodate caring responsibilities.



## Outcome 7: People who use health and social care services are safe from harm



During 2021-22 there were **315** Adult Protection referrals, which is a decrease of **60%** over the past year from **796** in 2020-21. This is attributed to a combination of the impact of pandemic lockdown measures and the revised Vulnerable Adult escalation procedure

Response rates to protection concerns (enquiries completed within 5 working days) have decreased from **88% to 84% in 2021-22**.

**76%** of adults at home agree they felt safe which is lower than the national average of 80% (HCES 2021-22).

The rate per 1000 population of falls that occur in the population (aged 65+) who were admitted as an emergency to hospital has decreased from **22.6 in 2019-20 to 22.1 in 2020-21** which is largely in line with the national average of 21.7.

## Outcome 8: People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do

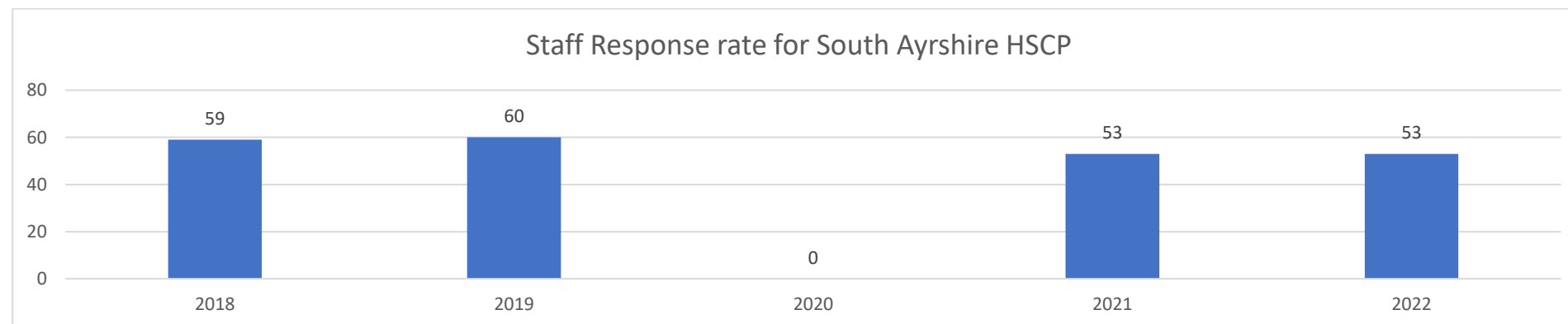
### Staff Wellbeing and engagement

#### [iMatter survey](#)

NHS Ayrshire and Arran carried out a staff survey on an annual basis. This has been even more crucial to capture opinion following the changes and impacts of the pandemic. The response rate from staff across South Ayrshire services was positive, and overall the highest across the three HSCP covered by NHS A&A. Below are the results, in terms of improvements captured. Although there has been a reduction since the high of 2019, each service / team has an action plan in place to drive forward improvements. Improving response



rates as tabled to the levels seen pre Covid-19, 2020 – 2022 rates and building on these going forward is a key leadership and management target.



### Engagement and training

We believe we are ‘Stronger Together’ and improving skills, experience and confidence in the workforce is a key aspect of delivering quality services and supports. It is with this in mind that we aim to bring together a workforce with common values and develop an empowered workforce, who are skilled and motivated in their role. Along with embedded Quality Improvement plans, we use and learn from external assessment or evaluation evidence.

In April 2021 the HSCP created a new Practice Development team to drive forward training and development across the workforce. During the 2021-22 period the Practice Development Team Leader undertook a series of evaluations to the training provided. During 2021-22 the courses provided have been reviewed, refreshed and updated. Feedback from the training is used to build, strengthen and improve content and access to training. The routes to develop training vary, and one example is following feedback and the development of action plans. Two examples of the training which have been provided following the Adult Support and Protection Inspection are:

- **110** staff provided with Chronology training (whole staff group – Social Work and Community Care Assistant)
- **36** staff provided with Leadership and Management training (newly developed 4-day course) (Team Leader/Supervisors)

The feedback from the Chronology Training was reviewed and subsequently informed the development of a 4-day staff introductory course covering a range of subjects including: Self Awareness; Quality; Leadership; and Adapting Change.



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During 2021-22 the Practice Development team have worked closely with NHS and Council staff to develop joint training sessions and schedule training courses monthly which are available to both organisations.

Following on from the staff leadership workshop which took place in February 2021, we have continued to engage staff teams enabling them to support staff appropriately. We undertook sessions on Workforce Planning along with Digital Skills for internal staff.

Working closely and constructively with our partners is critical to the success of delivering on strategic aims and objectives. We have done this through a strengthened collaborative approach to key challenges like recruitment.

Attracting staff to work in the sector, offering career pathways within Health and Social Care services and making the application process as seamless as possible is important as this provides the workforce who will deliver the care needed. Along with recruitment fairs, fast-track recruitment processes, increased promotion of vacancies across social media platforms and offering our partners free advertising on the My Job Scotland platform we were able to maximise awareness of vacancies.

→ **Q4 2021**

Recruitment survey issued to all new SAC HSCP new starters. The survey asked a range of questions around their recruitment and onboarding experience and identified areas for improvement which have informed the 2022-25 Workforce Plan Action Plan.

→ **Q1 2022**

A survey issued to the Third and Independent Sector to establish and identify how the Partnership can provide effective and tailored recruitment support, and work with private providers more closely. The survey results helped determine a range of actions including face to face recruitment events delivered during 2022.

→ **April 2021-March 22**

Support provided for M365 Enhanced Digital Colleagues (EDC), including a range of drop-in sessions for SAC HSCP EDCs highlighting new functionality that improves communication and collaboration across the Partnership.

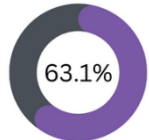
Across the wider survey, the Partnership employees confirmed a strong sense of –

- Support from direct managers
- Having clear roles and responsibilities
- Being treated fairly and consistently
- Team working
- Understanding how their role contributes to the goals of the organisation

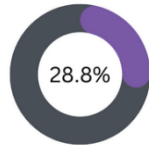


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## Outcome 9: Resources are used effectively in the provision of health and social care services, without waste



**63.1% of adults supported at home agreed that their health and care services seemed to be well coordinated. This is lower than the national average of 66.4% across Scotland (HCES 2021-22)**



**28.8% of health and care resource in South Ayrshire in 2019-20 was spent on hospital stays where the patient was admitted as an emergency. This is higher than the national average of 24.2%**

Across service delivery areas, teams are actively supported and encouraged to ensure that people receive the right care, at the right time and in the right place. As a public service we have a duty to ensure that money spent results in positive impacts on those most in need. This requires us to continuously review service delivery, have oversight on unmet need, work in partnership with other services and locality groups well and maintain a holistic overview to a range of service areas.

Collection and analysis of performance data is a key part of this, from a strategic perspective, whilst remaining focused on the individual outcomes of citizens in South Ayrshire who access health and social care services. Governance and accountability of this sits within the Planning and Performance team, who provide regular and scheduled updates to the Strategic Planning Advisory Group, the Performance and Audit Committee as well as to the IJB.

There is a statutory requirement to provide relevant and pertinent performance information which not only supports national performance and development data but is used to validate local service delivery.

During 2021-22 the frequency of these governance meetings was re-instated following a difficult year previously. The breadth of these reports can be viewed [Annual Performance Reports - Health and Social Care Partnership \(south-ayrshire.gov.uk\)](https://www.south-ayrshire.gov.uk/annual-performance-reports-health-and-social-care-partnership)

This is an area which will remain under review for continuous improvement and developed within the Digital Strategy work scheduled for 2022-23.



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## Outcome 10: Our children have the best possible start in life

### Breastfeeding rates

In the latest time-period available from 2018-19-2020-21 (3-year financial aggregate), the percentage of babies exclusively breastfed at 6-8 weeks in South Ayrshire was **22.6%**. This is higher than Ayrshire and Arran (19.8%) for the same period but lower than Scotland as a whole at 31.8%.



### 27-30 Month Review

From 2019-20 to 2020-21, the overall percentage of those reaching the developmental milestones at the time of their 27–30-month review has reduced from **82.5% to 74.6%**. The overall number of reviews has decreased and the number of those reaching milestones has fallen from 730 in 2019-20 to 620 in 2020-21. South Ayrshire performance is slightly lower than both the national and Ayrshire and Arran level (75.4% for both).

Speech, Language and Communication (SLC) is the domain where the least number of children are reaching their milestones and this area has shown a decrease over the past two years. This pattern is evident across Scotland with SLC being the lowest area where children are reaching milestones nationally.

### Healthy Weight in P1

The percentage of children with a healthy weight in P1 has decreased from **80.9% in 2019-20 to 69.4% in 2020-21** in South Ayrshire. The national figure across Scotland (not all areas are included) was 69.8% in 2020-21.

### Dental Health

The oral health of children in South Ayrshire has improved in recent years. In 2020, 77.6% of children in Primary 1 presented with no obvious decay in permanent teeth compared with 71.5% across Ayrshire and 73.5% across Scotland.

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



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## Outcome 11: Our young people are successful learners, confident individuals, effective contributors and responsible citizens

### Positive destinations for care experienced young people

The School Leaver Destination (SLDR) Follow Up Report, published on 14 June 2022, confirmed that **97.6%** of our young people in South Ayrshire have a positive destination to go to when they leave school. This is higher than the national average of 93.2%, 39 of the 41 (95%) care experienced school leavers in the 2020-2021 leaver cohort are sustaining a positive destination as of 21<sup>st</sup> January 2022. Nationally, 71% of looked after leavers had a positive follow-up destination, which is down from 75% the previous year.

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

### Child Protection

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

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

On 31<sup>st</sup> July 2021, in South Ayrshire, there were a total of **19 children from 12 family groups on the Child Protection Register**. This is a decrease from 31<sup>st</sup> July 2020 when 29 children were on the Child Protection Register from 21 family groups.

At 31 July 2021, the main area of concern was **Neglect** followed by Parental Mental Health Problems and then Parental Alcohol Misuse.

At 31 July 2021, there were **no unborn babies on the Child Protection Register**. This is a decrease from the same date in 2020 when 3 unborn babies were on the Child Protection Register.

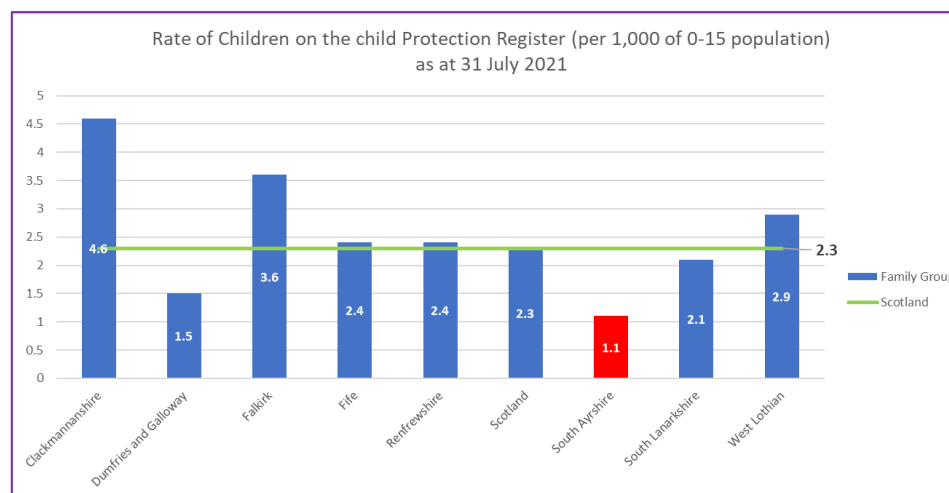
At 31 July 2021, there were **4 children under 1 on the Child Protection Register**. This is a reduction from the same date in 2020 when 5 children under 1 were on the Child Protection Register.



### Children on child protection register: Rate per 1,000 of 0-15 population

	2015	2016	2017	2018	2019	2020	2021
South Ayrshire Council	3.4	3.9	3.4	2.5	2.1	1.6	1.1
Scotland	3	3	2.9	2.8	2.8	2.9	2.3

The number of children on the child protection register in South Ayrshire in 2021 decreased by **34.5% from 2020 to 2021**. The comparator authorities show a decrease of 19.0% while Scotland figures show a decrease of 20.3%. The rate per 1,000 population 0-15 in South Ayrshire is 1.1. This is less than the comparator average rate of 2.0, and less than the Scottish average rate of 2.3.



Source: Scottish Government – Children’s Social Work Statistics, SOLACE/COSLA and Improvement Service Family Group.

A pregnancy may be deemed high risk if it meets the criteria of one or more of the following circumstances in a household; substance abuse, learning disability, domestic abuse, previous history of child abuse or neglect and serious mental health issue. The Safeguarding Midwife is responsible for collecting information and where it is felt necessary, will refer the unborn child to social services by 22 weeks gestation.

Pre-birth referrals decreased from **18 in Quarter 4 2020-2021 to 12 in Quarter 1 2021-2022**. 92% (11 out of 12) high risk pregnancy initial risk assessments were completed by target time during Q1 of 2021-22. This represents an increase from the previous quarter of 85%.



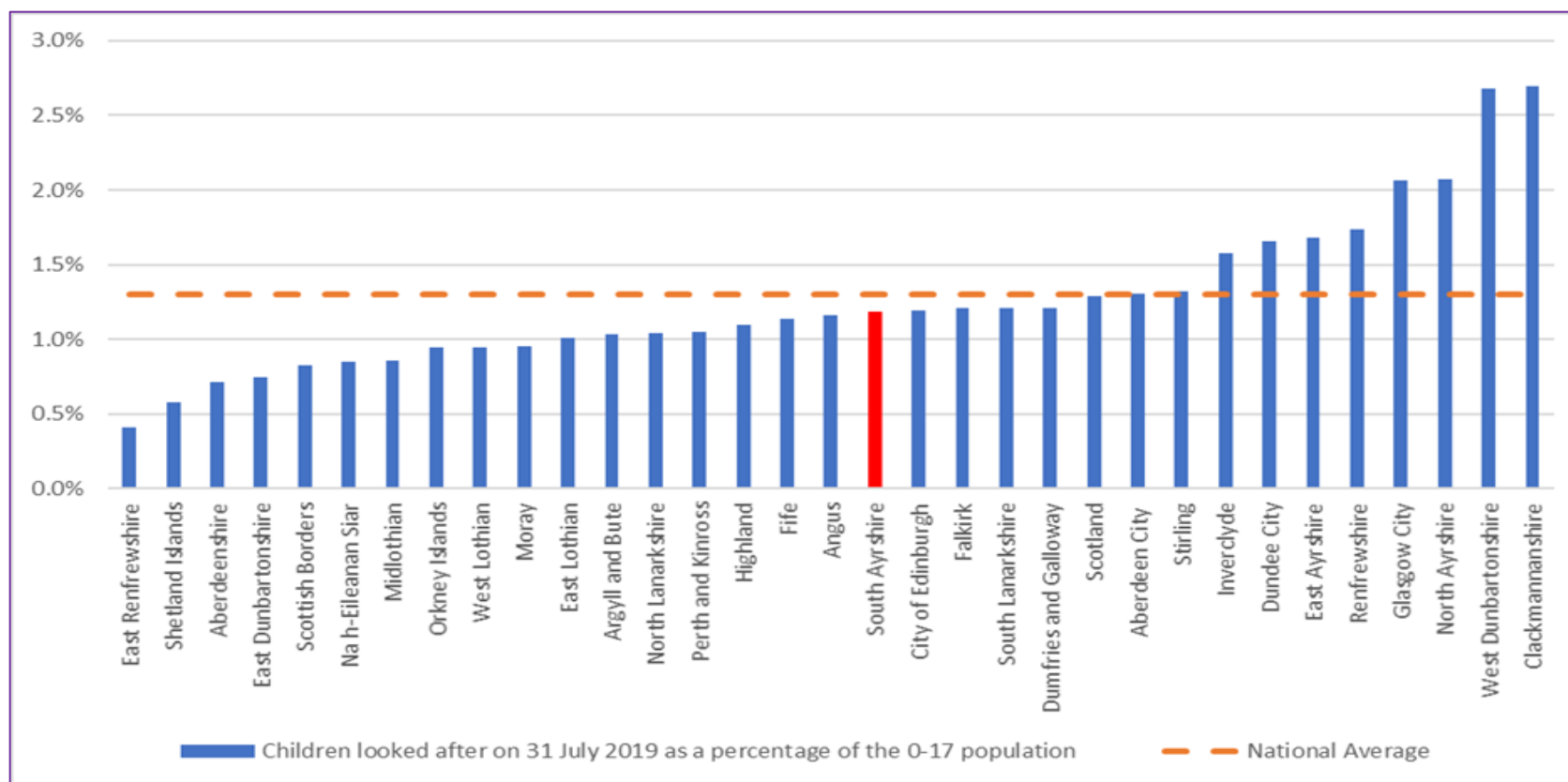


Children in care – number of looked after children, trend/comparator data, where they are looked after

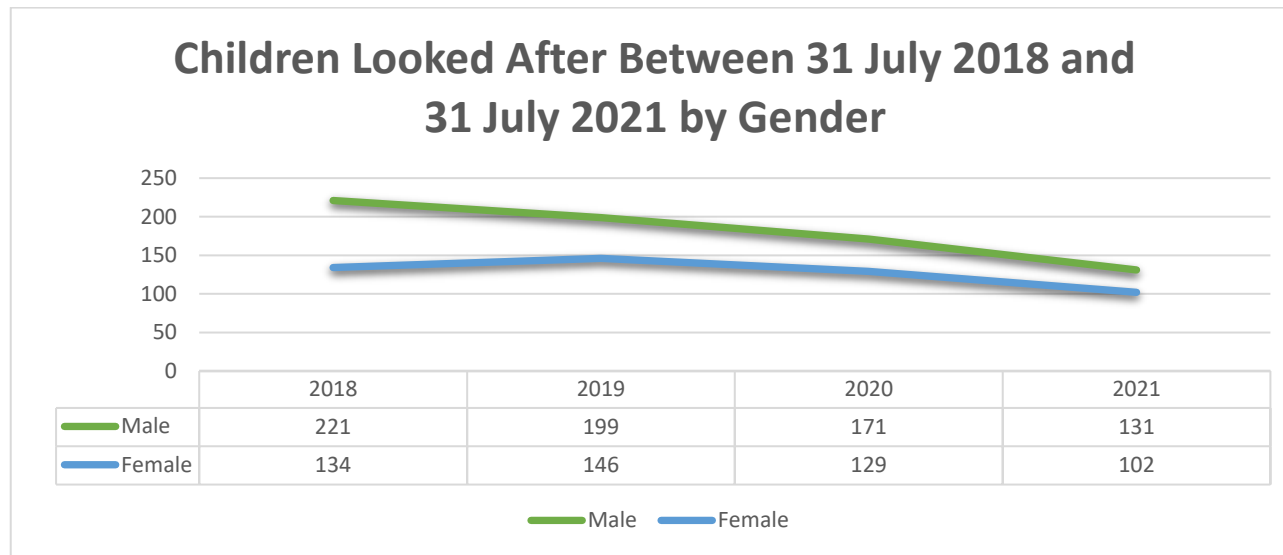
At 31 July 2021 there were **233 children and young people looked after by South Ayrshire** a decrease of 22.3% from 300 in 2020.

	2015	2016	2017	2018	2019	2020	2021
No. of Looked After Children in Authority	330	384	370	355	345	300	233

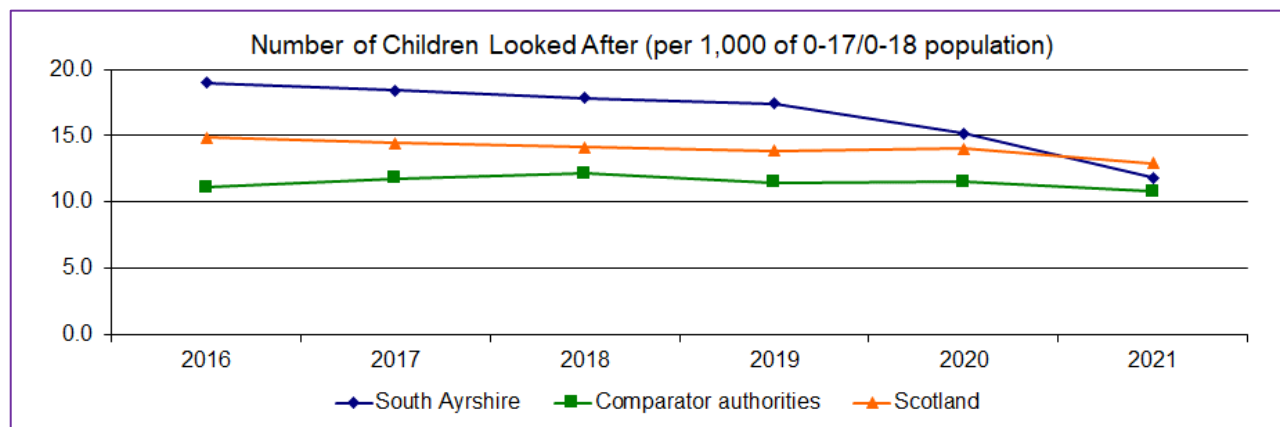
This equates to **1.2% of the 0-17 South Ayrshire population**. In Scotland, the percentage of the 0 – 17 population of looked after children is 1.3%.



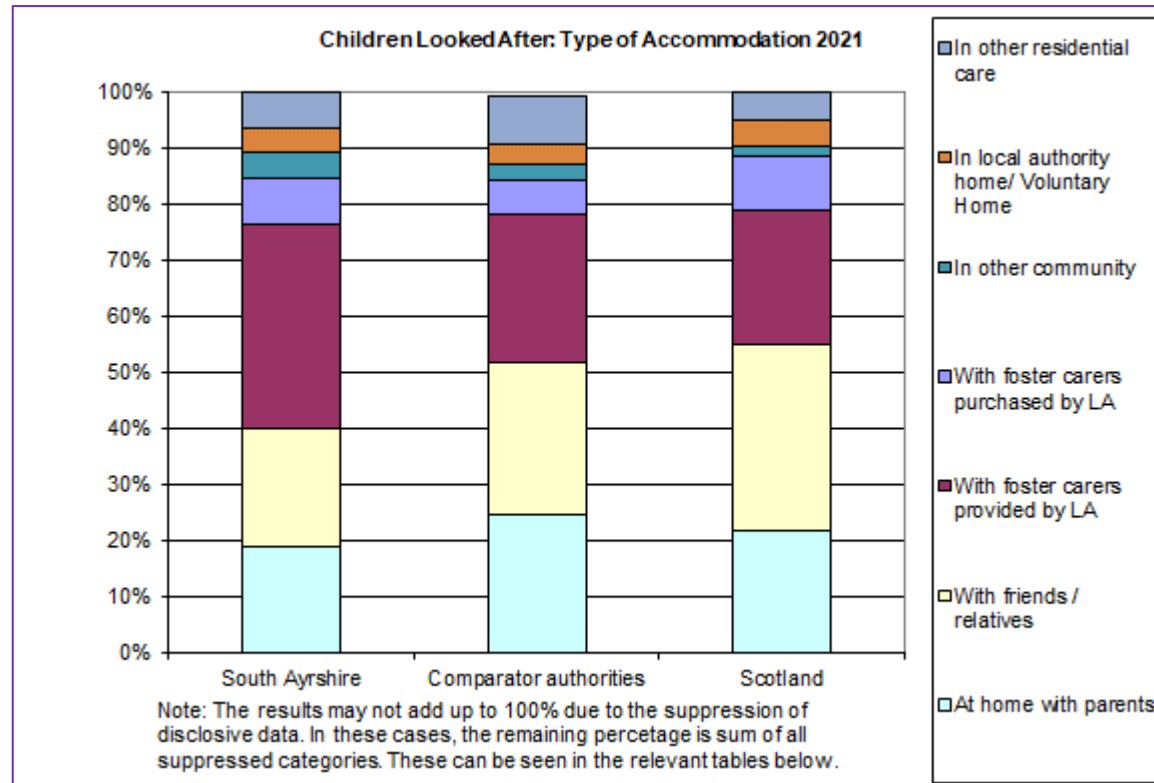
The below chart reflects the steady reduction in the number of Children who are formally Looked After and Accommodated within South Ayrshire.



The chart below shows the trends in Children Looked After in South Ayrshire compared to Scotland and the Family Group. The comparator authorities show a decrease of 11.8%, and the Scotland figure shows a decrease of 8.3%. The rate (per 1,000 pop 0-17) is 11.9. This is lower than the comparator average rate of 14.5 and lower than the Scottish average of 12.9.



As at 31<sup>st</sup> July 2021, the majority of children (**89%**) are being looked after in the community either at home with their parents, with friends / relatives or with foster carers. 11% of children looked after are in residential accommodation. 90% of children looked after across Scotland were being looked after on the Community and 87% across the comparator authorities. The number of children in South Ayrshire who are Looked After and Accommodated is down by 23%.



The change in culture which ‘Signs of Safety’ has introduced, has resulted in a strengths-based and “risk sensible approach” to working with Children and Families.

South Ayrshire children Social Work teams, still work with around **1200 children in a year**, with only the critical few who have sufficient grounds established and who require compulsion becoming Looked After and Accommodated. This is in keeping with the Christie Commission and reflects South Ayrshires approach to early intervention.



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## Child Poverty

South Ayrshire's rate of child poverty After Housing Costs (AHC) in 2020/21, 20.6%, is the 14<sup>th</sup> highest of all Scottish local authority areas. This is an improvement of **4.2% percentage points since 2019/20** when it was estimated 24.8% of children were in poverty AHC, the 10<sup>th</sup> highest rate in Scotland.

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

## Children's Houses

Established working practices are now in place between Housing Services, South Ayrshire HSCP and Residential Services and are further developing the "Extended Family Model". This is to enhance the outcomes of care leavers, moving out of the residential house and transitioning into their own accommodation, gaining independence skills, and moving into adulthood. The model works extremely well in maintaining key relationships and ensures a continued nurturing connection, which allows young people to access practical and emotional support when needed.

There is a proposed new build to be built at Cunningham Place and is scheduled to start in July 2022. It will allow young people to move into their own place, in a more independent way, whilst at the same time, be near the carers, who can offer all types of support when it is needed.

## Throughcare and Continuing Care

The Throughcare / Aftercare Team (TC/AC) within the HSCP, along with Housing Services are continuing to be involved in and further developing various Housing strategies in areas of housing for care experienced young people, care leavers, young people at risk of homelessness and unaccompanied asylum-seeking children and young people. This strategy continues to build on existing partnership working between partner agencies to improve outcomes for all young people involved with the TC/AC team.



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The strategy is also led by the views and experiences of young people who have left care and young people who have experienced homelessness and the social issues that then impact on them. Further development in the involvement of young people, the processes involved and the best outcomes to be attained continues to be the main priority.

In terms of Continuing Care, more young people are being supported under the auspices of Continuing Care, up to the age of 21. This shows the desire of those young people wishing to be supported further into adulthood, the positive impact it is having on their life and the continued commitment of South Ayrshire HSCP in making that happen.

## Functional Family Therapy and Intensive Family Support

South Ayrshire has invested further in supporting children to remain at home with specialist support services which support families at a time of crisis. The Intensive Family Support Service and the Functional Family Therapy (FFT) team are two examples of this. These services engage with families at a point of crisis when the likelihood of escalation through the care system is moderate to high. Through direct evidence-based interventions which are family-centred and relational, the teams are able to support families to live together, through times of stress and dysfunction towards a more supportive and nurturing family experience. Functional Family Therapy is a family based intensive intervention programme that builds on the existing strengths within family relationships. The interventions range from 12 to 30 sessions in the family home over a three to five-month period. The intensity and duration are dependent on the levels of risk that the young person is deemed to be exposed to.

Out of the 26 families referred to the Functional Family Therapy team, **92%** engaged and completed the programme. Of those who completed the programme, **97%** (up 2% from previous year) remained at home, **95%** (up 7% from previous year) of those still remain at home. **95%** (up 5% from previous year) of young people have remained within their mainstream local school.

What parents have told us:

***“I feel FFT (Functional Family Therapy) is helping myself and kids in a lot of ways. It has given me the tools to cope with arguments and it is helping us all without problems. I am a lot calmer in dealing with situations and the skills have really helped me and my family.”***

***“The feelings of failure as a parent on starting with this service are quickly put at ease. The relationship between myself and my daughter has improved dramatically, and we were left with coping mechanisms to deal with any issues that arise...”***



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## Champions for Change - Champions Board

The Champions Board team continues to offer flexible employment opportunities for young people who have care experience. The team currently employs 8 people with care experience aged between 19 and 34 who use their lived experience to influence positive change in a range of different ways. We also support a modern apprenticeship experience which is ring-fenced for someone with care experience.

In September 2021 three new Promise posts were appointed for 1 year from £50k secured from The Promise Partnership. All three posts were situated in South Ayrshire's Champions Board team. Two posts were ringfenced for applicants with care experience and from have worked with Champions for Change South Ayrshires Champions Board to use their lived experience of care and desire to drive change to design and deliver 39 promise workshops to 664 colleagues including elected members colleagues in education, health, housing, community groups, voluntary sector health and social care. The posts have contributed to campaigns such as care day and have worked with [each and every child](#) to develop a fresh new narrative and reframe the language used around care. A webinar for South Ayrshire employees and partners was delivered on 25 November 2021 and was attended by 64 participants



South Ayrshire champions Board has a well-established participation network of **over 60 children and young people and young parents with care experience**. Despite challenging circumstances across 2021. The Champions Board managed to offer

- 14 different summer activities
- Participation groups
- Creative workshops
- National and local consultation participation opportunities
- Facebook Live sessions
- £25,000 worth of Onwards and Upwards grants to 102 care experienced young people



*“Getting a grant just for me has made me feel great I don’t usually have this kind of money to spend on something for myself I have to think about paying bills and there’s not much left after that” (Onwards and Upwards Applicant aged 21)*

*“I’ve been able to get driving lessons and I haven’t felt like a charity case but like I’ve been respected as a person in my own right building things to make a life for myself” (Onwards and Upwards Applicant aged 18)*

*“I didn’t know this opportunity to get money was there, or that anyone cared what I’m going through so getting this money - it’s kind of like saying that I’m important” (Onwards and Upwards Applicant aged 16)*

*“I’m not going to lie I felt so proud being able to go into school with good clothes on that’s a confidence boost” (Onwards and Upwards Applicant aged 15)*

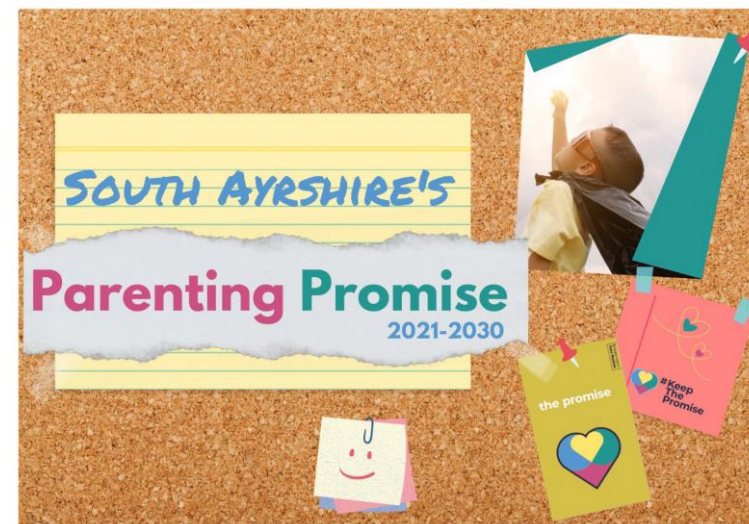
*“It’s been so hard over lockdown my mental health I’ve put on weight and have felt so lonely. I just feel rubbish about myself, getting this money is the beginning of something better”. (Onwards and Upwards Applicant aged 21)*

## South Ayrshire’s Parenting Promise

We chose to name our new Corporate Parenting plan ‘[South Ayrshire’s Parenting Promise](#)’, which launched in March 2022. This reflects the plan’s close alignment with ‘[The Promise](#)’ and in response to the challenge from children and young people to use language which is ‘clear and relatable’

*“We have made our demands! 10 of them and you already promised” - Olivia Khan  
Participation Assistant, South Ayrshire Champions Board*

The Promise challenges us to deliver long term improvements across a range of services to bring about lasting change. We have identified 10 South Ayrshire Promise improvement areas with thirty-two associated actions. With the help of South Ayrshires Change Team we have been able to further identify fifty-three benefits (measurable



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improvements) for which baseline information has been established to allow us to measure the impact of our promise activity. The process of benefit tracking allows us to clearly identify how each benefit will be measured, as well as the data and collection method required to do so.

The creation of detailed project plans for each of our fifty-three benefits will allow us to run a report on impact rather than output alone. This is a significant change in our approach and one which has allowed us to begin to better understand the impact of implementing the promise in terms of measurable improvements. We are heading towards developing a narrative that will evidence impact by describing improvements that are qualitative, potentially cashable, with some benefits possibly leading to cost avoidance, which may enable us to re- invest resource to support young people and their families in a preventative context.

The voices of young people and their families remain at the very heart of all our work and our Champions Board ensure that these voices are heard whether through formal consultations and participation events or informal conversations they advocate that love is the value around which the care system operates.

**Faith:** I work as a Participation Assistant with the Champions Board. I care very deeply about the equality between human beings regardless of class, ability, age, skin colour, sexual orientation, faith, or gender.

I am very passionate about justice and doing the right thing. I care deeply that people are treated fairly, equally, and above all else, kindly in this world. I believe that I am a very smart and caring individual. I am good at tapping into people's emotions and recognising there is a problem and/or issue. I'm a real problem solver and try to think as logically as possible about how to reach the best outcome for whatever that scenario may be. I am also a very caring and compassionate person, and deeply want others to feel happy, fulfilled, and loved in their life.

I believe the best corporate parents are those who hold love at the front of their hearts. You must be a caring and kind individual, who is also determined to fight and make positive change for young people in this world. Most importantly you must be selfless and caring, and care for them as if they were your own child.

**The best corporate parent is a kind one.**





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## Signs of Safety

Children's Health, Care and Justice services has been implementing the Signs of Safety approach as its practice model. Signs of Safety draws on solution-focused therapy and the direct experience of effective practice by child protection social workers and the experiences of families within the child protection system. The Signs of Safety approach empowers and enables families to make the necessary behavioural changes to live together safely. It is a strengths-based approach and works with family's assets to support change, reducing the need for more significant intervention from statutory agencies. This places relationships between social workers and parents at the centre of child protection.



The number of children entering the child protection process has reduced in the year 2021-22, within investigations averaging around 25 in 2019-20 and now averaging at 12. All staff including our multi agency partners have received training and briefing on the approach and our paperwork is in the process of being adapted to have strengths-based templates. We have also received our baseline audit and developed an action plan to follow this up in 2023.

Signs of Safety Approach is in line with both South Ayrshire Council and South Ayrshire Health & Social Care Partnership strategic aims of improving outcomes for children and young people and aligns very much with The Promise where relationship-based practice is front and centre.

## Financial Inclusion Pathway

A Financial Inclusion Pathway has been developed and circulated to all health and social care staff. Health and social care staff discuss support families to maximise their income by referring them to South Ayrshire's Information and Advice Hub. Support can also be provided from Home Energy Scotland to support families to reduce their energy costs. It is now mandated that all HSCP staff must ask any service users about income maximisation.

In 2020-21 there were **357 families** referred directly to the Information and Advice Hub by HSCP and NHS staff generating £1,109,400. In 2021-22 there were 499 service users referred generating a total of £1,241,377.96 for families, an increase of **£131,977.96 from last year**.



## Supporting Young Carers

Young Carers identified in the South Ayrshire are as follows:

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Primary	3	25	32	24	20	21
Secondary	6	51	73	86	93	110

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

## Young Carers Strategy

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

The Young Carers Strategy has the following three strategic themes, a summary of progress against each of the Strategic Themes is provided below:

### 1. I am safe, healthy and active

Work is ongoing to appoint a Young Carers Coordinator to lead on the delivery of the Young Carers Strategy Implementation Plan and to develop a Young Carers Reference Group. An awareness raising session of young carers, their rights and the Carer Positive Accreditation will be delivered to Community Planning Partners and South Ayrshire Health and Social Care Partnership's Communications Officer is developing a local campaign.

Awareness raising with Pupil Support Coordinators continues and South Ayrshire Carers Centre remain the first contact point for providing support to young carers. Work is ongoing to identify use of IT systems to provide easier identification and tracking of young carers. A review of the current procedure for the Young Carers Statement is in progress with potential use of Mind of My Own (MOMO) being discussed as well as the option of adding The Young Carer Statement to CareFirst to allow data analysis. Covid-19 funding has been identified and used for various needs (e.g., respite funding) where available, The Scottish or National Government as well as others



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streams for Young Carers have been accessed and distributed by the Carers Centre to young carers and their families. Currently, there is funding available through the Winter Wellbeing Support Fund which has been shared across the HSCP, Council and Partners to support respite activities as well as offering a hardship fund.

## **2. I am nurtured, achieving and respected**

South Ayrshire Council have approved Young Carers Modern Apprentice Guarantee to support young carers into Modern Apprenticeships. The main challenge we have at the moment with this action to support young carers through education, training and employment including our modern apprenticeship programme is how we identify young people who are young carers.

Thriving Communities have updated registration paperwork that now asks young people or parents / guardians to identify themselves as young carers.

Appointment of a Young Carers Lead will enable the formation of Carers Reference Group to listen to the experiences of young carers' experiences through a variety of methods.

## **3. I am responsible and included**

The investment during 2021 for a Communications Officer created further opportunity. One being an established Awareness Day calendar that highlights young carer and adult carer specific awareness days and will develop content to raise awareness.

In the future, there will be a carers specific Spotlight article released in June 2022 that will highlight carers and signposting for support.



## Outcome 13-15: Justice

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

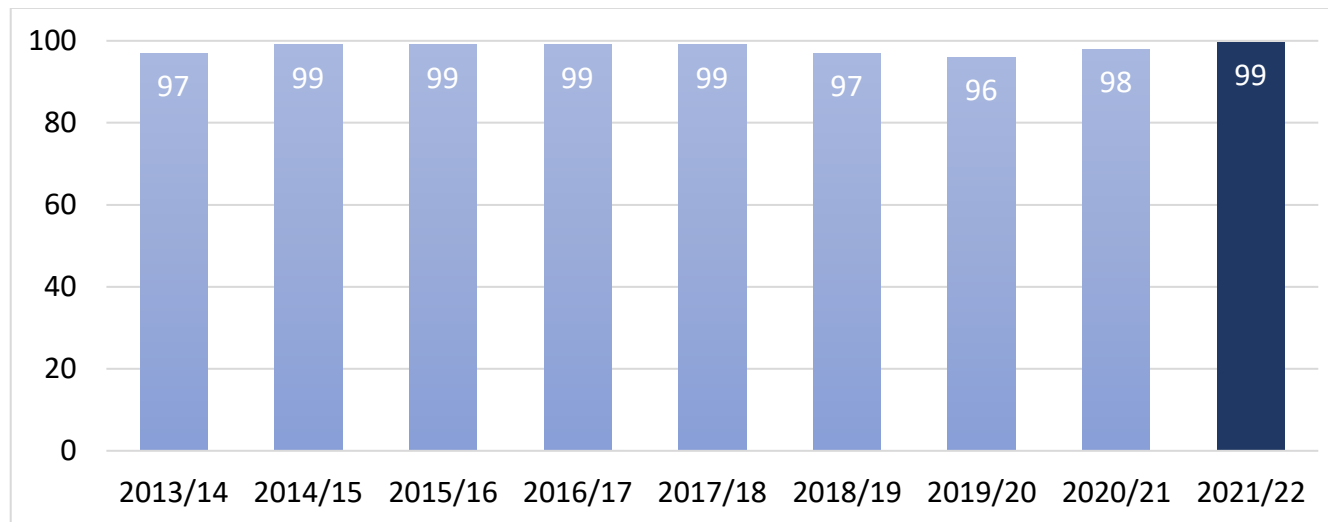
### Performance against the National Outcomes for Justice Services

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

#### Community Safety and public protection

In 2021-2022, **99.6%** of Criminal Justice Social Work Reports were submitted to the court by 12 noon on their due date which is a positive increase on the previous year's performance of 98%.

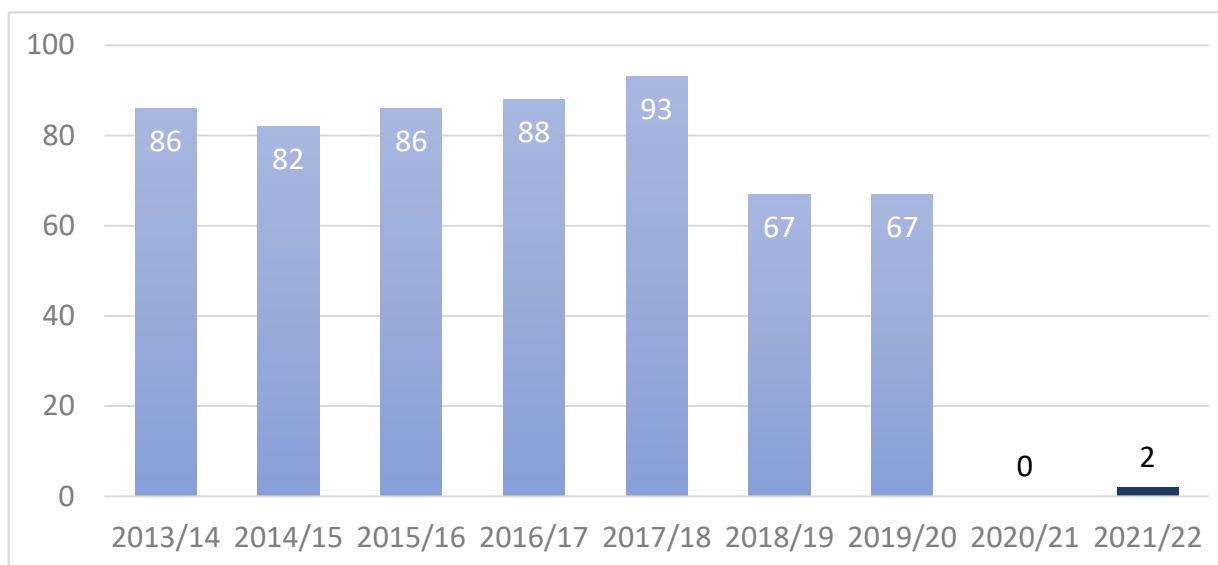
**% of Criminal Justice Social Work Reports submitted to court by due date:**



## Reduction of re-offending

In 2021-22, **2.4%** of individuals placed on a Community Payback Order with a requirement of unpaid work requirement attended first work appointment within 7 days. This is an increase on 0% in 2020-21.

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



Due to Covid-19 restrictions Unpaid Work (UPW) has been subject to multiple restrictions in terms of the numbers of individuals meeting and the suitability of locations with social distancing as well as suspensions to the service during 2021-22.

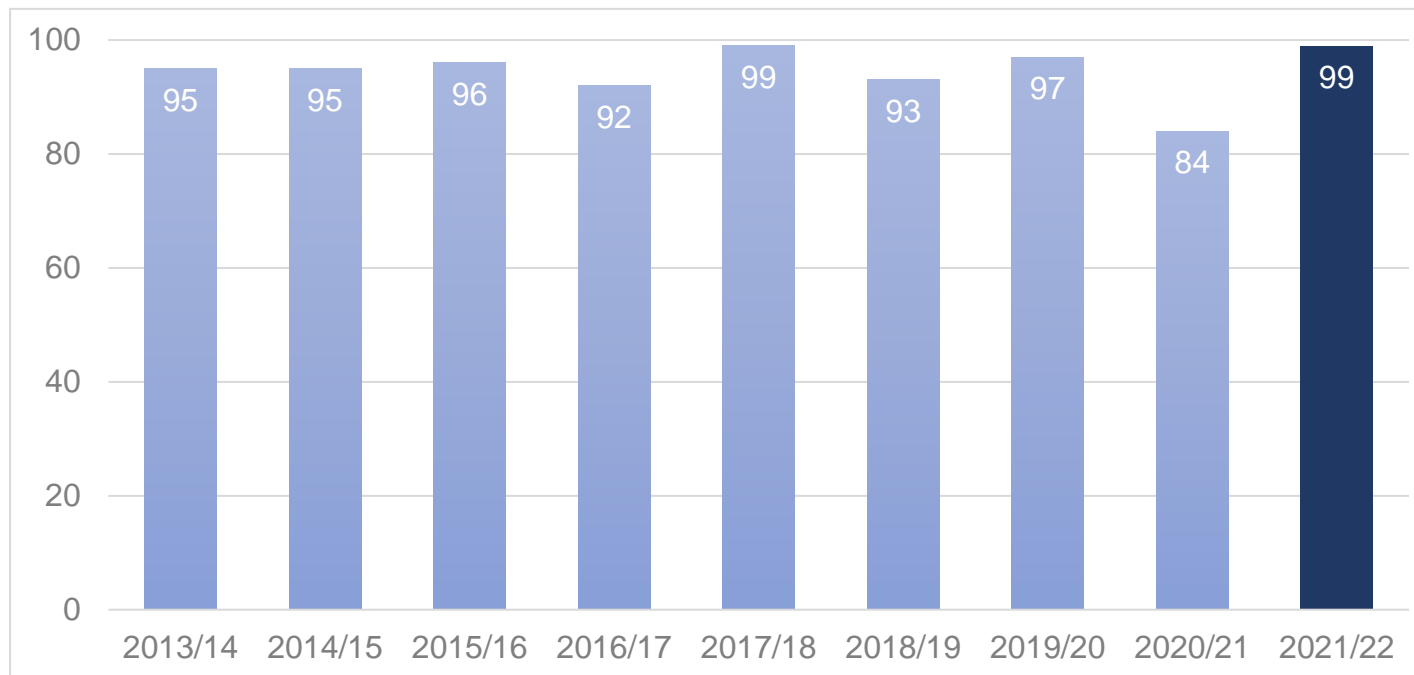
Additionally, the impact of significant restrictions and suspensions during 2020/21, continued to have an impact due to backlog in 2021-22. Additionally, Covid-19 restrictions have required smaller groups of service users and therefore the ratio of staff to service users impacted the number of service users who could attend planned sessions. The number of suitable placements has also reduced as a consequence of Covid-19 and therefore opportunities for individual placements in certain venues, such as charity shops, were reduced.



### Social inclusion to support desistance from offending

In 2021-22, **98.5%** of individuals placed on Community Payback Order with supervision requirement were seen within 5 days of the imposition of the order. This is a notable increase from 84% in 2020-21 and may reflect the challenges of 2020-21 when many service users were sentenced from Hamilton Sheriff Court instead of Ayr Sheriff Court, making it substantially more difficult to meet with service users following their Court appearance.

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



# Integration Joint Board – Governance and Decision Making

The table below highlights the key decisions taken by the Integration Joint Board in 2021-22. Copies of the relevant reports can be found on in the [committee reports and agendas section of the website](#).

In May 2021 it was agreed that the council’s term of office in holding the IJB Chair role would be extended to the end of May 2022 following the disruption caused by the Covid-19 pandemic to allow for continuity within the Integration Joint Board.

Key Decision	Date of Integration Joint Board
Agreement between HSCP and Third Sector	28 <sup>th</sup> April 2021
Reported Financial outturn for 2020/21	26 <sup>th</sup> May 2021
Noted contents of the Primary Care Improvement Plan	23 <sup>rd</sup> June 2021
Annul Accounts (unaudited) 2020-21	22 <sup>nd</sup> September 2021
Agreed a response to the Scottish Governments National Care Service Consultation	20 <sup>th</sup> October 2021
Noted contents of South Ayrshire Wellbeing Pledge Fund (Community Capacity Funding) report.	20 <sup>th</sup> October 2021
Approved the development of a summarised and easy read version of the Annual Performance report for 2020-2021.	24 <sup>th</sup> November 2021
Noted the progress made in the redesign and investment in the Reablement Service.	24 <sup>th</sup> November 2021
Approved the draft version of South Ayrshire’s Adult Learning Disability Strategy (2022-2027) for consultation.	16 <sup>th</sup> February 2022
Noted content of South Ayrshire Parenting Promise 2021 – 2030.	16 <sup>th</sup> February 2022
Approved the recommendations of the IJB Budget 2021-2023.	16 <sup>th</sup> March 2022
Wellbeing Survey	16 <sup>th</sup> March 2022



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## Strategic Risk

The HSCP has identified a number of strategic risks which are detailed within Pentana. Risks are assigned to the relevant owners who are required to review and update these regularly. Strategic Risks are reported to the Council, NHS and governance committees within the HSCP. Furthermore, there is oversight of these performance targets taken to the IJB.

The Performance and Audit Committee (PAC), Health Care Governance, Adult and Child Protection Committees, have oversight to these and for transparency once agreed, these are shared with appropriate groups.

There is an agreed process for reducing risk, which includes the identification of mitigations, actions and reductions / improvements. The HSCP reports these in the same format as the Council Risk Registers for consistency and where required reports to the NHS Strategic Risk Registers also.

Strategic Risk and Operational Risks registers (where services have developed these) are co-linked and used to inform, hold account, drive change and improvements and benchmark positive outcomes or, where risk needs to be managed, ensure that the best practice is embedded and sustained to keep citizens across South Ayrshire safe, well, healthy and living their best life and to provide factual evidence of the HSCP achieving their Strategic Aims as detailed in the HSCP Strategic Plan 2021-31.

Reports can be accessed [Annual Performance Reports - Health and Social Care Partnership \(south-ayrshire.gov.uk\)](https://www.south-ayrshire.gov.uk/annual-performance-reports)





# Financial Performance and Best Value

## Summary of financial performance

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. This year additional reports were presented detailing the financial cost in responding to the Covid-19 Pandemic. Our Winter Investment Plan was approved representing how the additional recurring investment in health and social care would be spent to alleviate the pressures emerging in the sector, this included investment in multi-disciplinary working, care at home capacity, early intervention and prevention approaches including technology enabled care.

The overall financial performance against budget for the financial year 2021-22 was an underspend of £25.025m. This position reflects additional non-recurring funding received from the Scottish Government to support the ongoing financial costs in responding to the pandemic in 2022-23. A total of £25.025m has been allocated to reserves for use in future financial years. The reserves balance includes £11.713m earmarked for the continued financial response to the Covid-19 pandemic, £2.020m earmarked to support the Primary Care activities, £1.917m earmarked for Mental Health investment, £0.502m earmarked for ADP support and £0.410m earmarked for the Community Living Fund to redesign services for people with complex needs. The IJB have approved earmarking of £5.118m for specific areas of spend that were delayed due to the pandemic and invested into services to help immediate response to current health and social care pressures. A further £1.518m has been committed to specific change fund activity this includes creation of specific posts to lead on service improvement. This leaves a balance remaining of £5.506m for further investment and to meet any financial challenges in the future. Proposals for approval will be prioritised to ensure future financial sustainability.

The main financial variances during 2021-22 are noted below:

**Community Care and Health** - underspend of £3.196m mainly due to additional funding to alleviate pressures in the health and social care system. Expected outcome from investment was an increase in care at home capacity and interim care placements to reduce delayed transfers of care. The ability to recruit and commit the full allocation during the winter period was unattainable and the funding has been earmarked for use in 2022-23.

**Mental Health Services** – underspend of £1.530m mainly due to underspends in funding allocations received for Alcohol and Drugs Partnership, the Community Living Fund and Mental Health staffing.



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**Children and Justice Services** – underspend of £1.284m mainly due to less than anticipated internal foster care placements and underspend in adoption orders due to court backlogs.

**Support Services** – underspend of £3.119m included in this underspend is specific funding for Hospital at Home and unscheduled care programme to be earmarked for use in 2022-23. Delays in recruitment and staff turnover also resulted in an underspend.

**Covid-19 Expenditure** – underspend of £11.707m additional funding of £12.731m was received from the Scottish Government at the end of the financial year to earmark into 2022-23 to meet the costs of recovery and renewal from the pandemic.

**Lead Partnership** – mainly due to additional funding for Primary Care and Mental Health Recovery and Renewal to be earmarked into 2022-23.

It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Significant progress has been made during 2021-22 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2022-23.

Key successes for 2021-22 include:

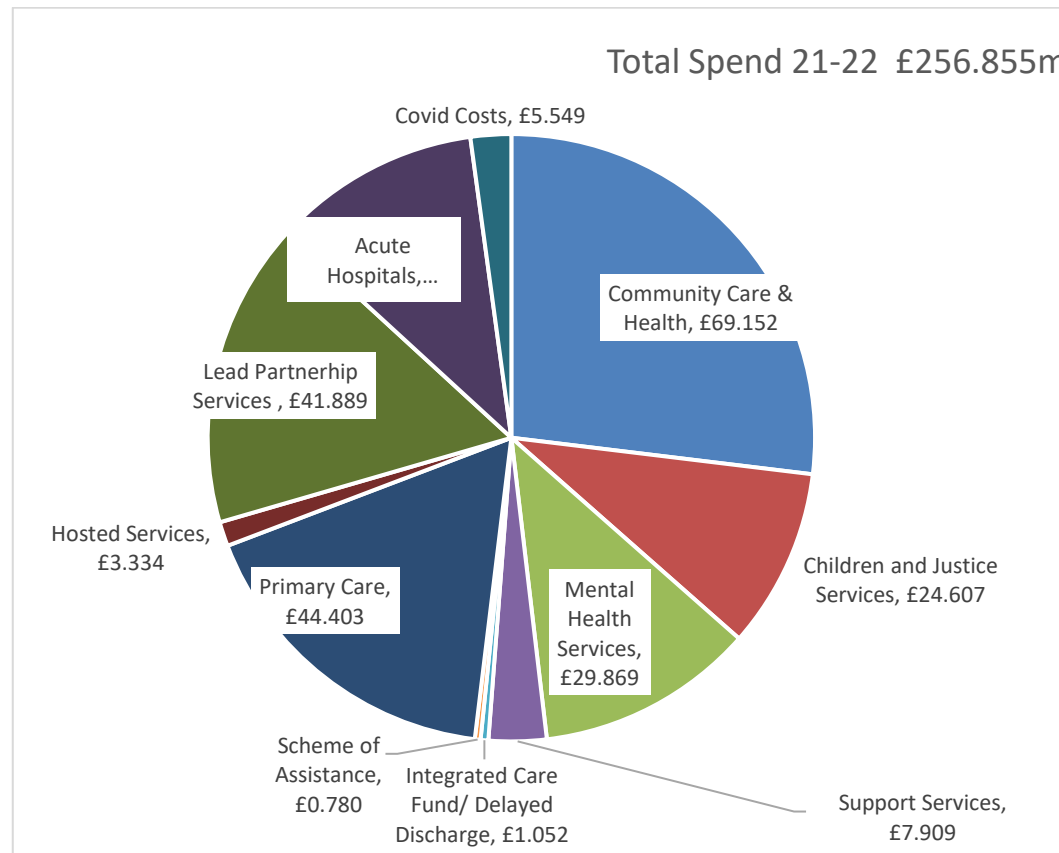
- Repayment of £1.092m, being the annual instalment of outstanding debt to the Council, leaving a balance of £0.802m to be paid next year;
- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities and continued Covid-19 recovery and renewal;
- Savings totalling £3.960m were delivered in-year, against an approved savings plan of £3.960m, £0.151m savings were delayed due to Covid-19 and will be met or reviewed in 2022-23;
- Reduction in need for foster and kinship carers, this will be monitored closely in line with the transformation plans;
- Increased capacity within the reablement team has helped reduce demand on mainstream services;
- Investment in services based on information and data gathered following various service reviews.

Strong financial leadership will continue to be required to ensure that future spend is contained within the budget resources available, and the IJB moved into 2022-23 with an approved balanced budget.



## Financial Reporting

Financial monitoring reports were presented to the Integration Joint Board throughout the year. A full analysis of the financial performance for 2021-22 is detailed in the [Year End Outturn report](#). The chart highlights the spend by service this year, including Covid-19 expenditure of £5.549m.



The financial funding made available from NHS Ayrshire and Arran and South Ayrshire Council to the IJB to deliver services and the costs associated with delivering these services over the last 5 years is detailed in the table below from 2017/18 to 2021/22.



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## Best Value

NHS Ayrshire and Arran and South Ayrshire Council delegate functions and budgets to the IJB in accordance with the provision of the Integration Scheme.

The IJB decides how to use these resources to achieve the objectives set out in the Strategic Plan. The IJB then directs NHS Ayrshire and Arran and South Ayrshire Council to deliver services in line with the objectives and programme set out in its Plan.

The governance framework sets out the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders and residents of South Ayrshire. The IJB also has a duty under the Local Government in Scotland Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised, having regard to economy, efficiency, effectiveness, the need to meet the equal opportunity requirements and contributing to the achievement of sustainable development.

The budget for 2021-22 approved transformation investment to increase capacity in kinship and foster carers support this reduces the need for expensive out with authority placements. Investment was made into reablement and rehabilitation community services to reduce delayed transfers of care and demand on care homes. The IJB also approved further investment to front line resources to increase capacity in the community to provide early intervention support as well as mainstream care in the community.

The Wellbeing pledge approved as part of the Strategic Plan provided investment to community groups to enable them to provide valuable services in the community to benefit mental health and well-being of citizens.

During the pandemic, services had to respond to delivering care and support in different ways, often with the use of technology. This has provided opportunity to review how we deliver services and make use of technology where possible to enhance service users experience. Technology has been vital in engaging with various stakeholders during the year to create a new Learning Disability Strategy.



# Inspection Findings

The joint inspection (involving the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland) of Adult Support and Protection was carried out during August through to November 2021. The inspection was originally intended to take place early in 2020 but was delayed on two occasions due to the Covid-19 Pandemic. There had been ongoing self-evaluation and improvement work taking place over the 2020-2021 period whilst partners were also working together to respond to the challenges presented by the Pandemic.

The report was published 16<sup>th</sup> November 2021 and initial findings and actions were presented to the Chief Officers Group and Adult Protection Committee following this. A final action plan was presented to the Chief Officers Group on 21<sup>st</sup> December 2021.

Inspectors concluded that the partnership's **key processes** for adult support and protection had important areas of weakness that could adversely affect experiences and outcomes for adults at risk of harm. There were substantial areas for improvement.

Inspectors concluded that the **partnership's leadership** for adult support and protection had important areas of weakness that could adversely affect experiences and outcomes for adults at risk of harm. There were substantial areas for improvement.

## Key Strengths

The report highlighted three key strengths:

- Partnership staff contributed to the safety, health, and wellbeing of adults at risk of harm.
- Third sector and independent sector providers supported adults at risk of harm toward improved wellbeing, independence, and inclusion.
- The partnership effectively maintained business continuity for adult support and protection during the Covid-19 pandemic.

Other strengths were recognised within the body and appendices of the report but were not included in the key messages:

- The partnership carried out initial inquiries competently and promptly and respected the rights of all adults at risk of harm
- 100% of initial inquiries were in line with the principles of the ASP Act
- 92% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time



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- 95% of episodes where the application of the three-point test was clearly recorded by the HSCP
  - 88% of episodes where the three-point test was applied correctly by the HSCP
  - 98% of episodes were progressed timeously by the HSCP
  - 95% of episodes evidenced management oversight of decision making
  - 73% of episodes were rated good or better
  - Almost all investigations were effective and were carried out promptly
  - Adults at risk of harm who had protection plans experienced improved safety, and wellbeing outcomes. The partnership persevered with adults at risk of harm who did not readily engage with efforts to protect and support them. Adults at risk of harm had support for their meaningful involvement in implementation of their protection plans
  - A large-scale investigation into neglect in a care home during the height of the pandemic was characterised by all partners working together to deliver improved safety and wellbeing outcomes for residents
  - All adults at risk of harm who needed additional support got it and received support throughout their journey. Most of this support was good or better
  - Almost all adults at risk of harm experienced at least some improvement to their safety and wellbeing. Multi-agency working was by far the largest factor that supported the improvement
  - The partnership had a compelling vision for adult support and protection. It communicated this to its staff and others
  - Partnership representatives regularly attended the adult protection committee and the chief officers' group. These groups endeavoured to exercise sound, motivational leadership for adult support and protection.

## Areas for Improvement

Inspectors identified seven key areas for improvement. Existing actions from the overarching improvement action plan have been transferred into an inspection specific action plan. Improvement actions are being overseen by the ASP Leadership Subgroup and the Social Work ASP Subgroup. Current progress against the seven recommendations is summarised below:

### 1. Management of risk for adults at risk of harm – chronologies, risk assessments, and protection plans.

Immediate steps were taken to manage risk for adults at risk of harm including the establishment of two new scrutiny groups. All current ASP cases have been reviewed to ensure that people are safe, and records include the necessary documentation. The outcome of these reviews has already been reported as part of month one and two of the audit schedule and improvements are being



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overseen by the Social Work Practice Development Group. Phases one and two of the Social Work training programme is now complete and evaluation demonstrated some improvement in confidence amongst practitioners. There has also been additional Carefirst training provided throughout February and March 2022 following a request from staff. A short life working group has reviewed the AP1 and AP2 paperwork which has been tested during February 2022 and was signed off for implementation at Social Work Governance Board 15<sup>th</sup> March 2022.

**2. Social work should involve police and health in adult protection investigations when required. Investigation reports should set out clearly how staff conducted investigations, including interviews with the adult at risk of harm and other parties.**

Guidance on case investigations is incorporated into ASP Operating Procedures. An initial multi-agency review has been undertaken and a practice note was issued in January 2022 (following review at the Social Work Governance Group) to emphasise the need for all partners to be involved when appropriate and how investigations should be recorded. Progress against this action will be monitored through thematic audit.

**3. Social work should always convene an adult protection case conference when necessary. Social work should invite police and health when required. They should attend when invited.**

Guidance on case conferences is incorporated into ASP Operating Procedures. An initial multi-agency review has been undertaken and a practice note was issued in January 2022 (following review at the Social Work Governance Group) to emphasise the need for all partners to be invited when appropriate and to attend when appropriate. Progress against this action will be monitored through thematic audit.

**4. Social work leaders should ensure standards of adult support and protection practice are consistently good, and operational management is sound and effective.**

The newly established Social Work Practice Development Group will oversee audit activity, outcomes and improvement work, reporting into CHCS and Social Work Governance Groups and then into APC and Health and Care Governance Board with exceptions being reported to COG.



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**5. Quality assurance, improvement and audit were minimal for adult support and protection. The partnership should urgently make sure these important activities expand appropriately.**

Following a period of meaningful engagement with all partners the Quality Assurance subgroup of the APC has agreed a multi-agency audit programme and Social Work specific ASP audit schedule was signed off at the November 2021 Social Work Governance Group and APC. The first two audits took place in January and February 2022 as planned with the outcomes and improvement actions being overseen by the newly established Social Work Practice Development Group.

**6. The partnership's chief officers' group and its adult protection committee should put robust measures in place to closely monitor adult support and protection practice. They should act decisively to rectify problems when they arise.**

The following recommendations were presented to COG and agreed at the meeting 21<sup>st</sup> December 2022:

- Update Quarterly APC Performance to include the conversion rate of Inquiry to Investigation; Investigation to Case Conference; Case Conference to Review Case Conference; and analysis of variations across SW teams therein.
- Begin reporting on the outcome of audits to APC and exceptions being reported to COG from Jan 2022.
- Present a draft workplan to include specific multiagency audit; the initial audit reviewing the process for case conferences, specifically the invitation and attendance of partners at case conferences as per the report recommendations.

**7. Adults at risk of harms' lived experience did not inform the adult protection committee. The partnership should improve in this area.**

The APC had already begun engaging with partners to address this action and in November 2021 the Chair of the APC met with representatives from the Alliance to agree a programme of engagement to take place in February 2022 with a final report to present recommendations for consideration by APC in April 2022. Unfortunately, due to immediate pressures this activity has been delayed with an anticipated completion date of June 2022.

## Summary and Outstanding Risks

By the end of November 2021 there were no major outstanding risks and by the end of April 2022 all improvement actions should be complete, however, it will take some time before improvements in outcomes can be measured and ongoing monitoring through regular audit work will be important.





# Participation and Engagement

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

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

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

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

Our current Communications Strategy:

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

## Locality Planning

During the term 2021-22 Locality Planning has continued to develop and succeed. Whilst continuing to work through the ongoing Covid-19 pandemic community engagement has been achieved through community planning partner, third sector organisation and community groups who have worked tirelessly supporting our communities.



Along with developing services during 2021-22 further development work has been taken to provide services at the heart of our communities and localities. Co-locating staff teams and maximising the use of available premises is key to the success of developing locality teams. The restrictions placed on services to reduce face to face contact at the start of the pandemic, as far as was reasonably practical, and the length of time these measures were in place, along with the Councils Future Operating Model progress, which was developing offered some temporary solutions to sharing working spaces. This continues to be a key priority for the Health and Social Care Partnership as we move forward and widen the locality model.

Supporting People to live in good health continues to be led through the social isolation and loneliness strategy and dementia strategy. Both of these strategies supported in their implementation plans and monitored through the Health and Social Care Partnership.

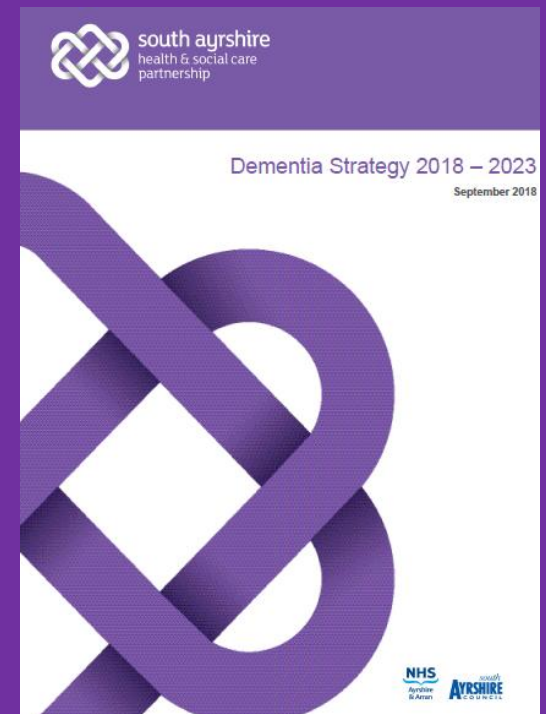
## Dementia Strategy 2018-23

The [South Ayrshire Health and Social Care Partnership Dementia Strategy 2018- 2023](#). The strategy sets out:

- an ambitious program to support people living with dementia and their carers; and
- how the HSCP provides formal services for people who have been diagnosed with dementia and their carers (also in the Adult Carers Strategy).

In addition, a key section is concerned with developing South Ayrshire as a ‘dementia friendly’ place. This sets out activity within localities and related work carried out in a more thematic way which is a key priority within this LOIP. It also sets out activities supported by commissioned services such as Alzheimer Scotland, Crossroads, South Ayrshire Dementia Support Association and South Ayrshire Carers Centre.

Work has continued to take place to develop South Ayrshire Dementia Friendly (DF) initiatives. Much of this work is led through locality-based dementia friendly work led by our dementia friendly communities of Troon & Villages, Prestwick, Ayr, North Carrick and South Carrick.



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## South Carrick

In Girvan work has been continuing to support a Dementia Friendly promenade – activities affected previously affected by Covid-19 are now re-starting and there is a new 'Dementia Friendly Walk'. Dementia friendly benches have been positioned at Ainslie Park in Girvan with the intention of creating safe conversation spaces. Funding to support this was obtained by the Girvan Town Team via the Coastal Communities Fund.

## Troon and Villages

In Troon there has been investment to the promenade to make it dementia friendly – this has included DF benches in the sunken gardens, an art display within the sunken gardens of pictures of the local vicinity including the beach, prom, old pool, which have been affixed to the walls to encourage people to come together and reminisce. It also provides information on how people can be more DF in their day-to-day lives.

## Prestwick and Villages

Over the past twelve months, Dementia Friendly Prestwick (DFP) has been awarded funding from the Communities Renewal Fund, VASA's Community Mental Health and Wellbeing Fund, and from Life Changes Trust. Because of their ongoing work to support people in our local area, DFP were named as a Legacy Partner for Life Changes Trust - a huge honour. This funding enabled the opening of a 'Meeting Centre' this summer - a social club for people with early to moderate dementia, for their families and carers too. This is an established and successful model of care and support from Holland, researched and adapted to suit the UK by the University of Worcester, and they are beginning to pop up all over the UK. Prestwick's club is the first to open in South Ayrshire, the first on the west coast of Scotland.

DFP has employed trained and experienced staff (two have achieved Meeting Centre accreditation by the University). Most of their volunteers have been with DFP for years and are enthusiastic and empathetic. DFP are collaborating with South Ayrshire Carers Centre and the NHS Ayrshire & Arran's Older Adult Mental Health Services, to help facilitate outreach programmes within Prestwick. South Ayrshire Health and Social Care Partnership colleagues visit the meeting centre regularly and have helped to signpost members to useful sources of support. DFP has created a local hub which supports people living with dementia and their families, and they would welcome more groups and organisations to get in touch to they can signpost to a wider network.

The Meeting Centre is based at the Royal Air Force Association's Prestwick branch - the RAFA Club on Ardayre Road and the venue is well suited to the needs of members. You can sometimes find members out in the garden, with music or with gardening trowels. The ballroom is where members all eat lunch together. Members can blether and have refreshments all day.



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## Learning Disability Strategy Consultation

During the year the extensive consultation for the Adult Learning Disability Strategy for the period 2022-2027 took place. The strategy has been developed in collaboration with people with learning disabilities, families, carers and staff delivering services. The strategy builds on the progress made in delivering the current Learning Disability Strategy for 2017-2023 and the objectives set out in 'The Keys to Life' national strategy to put people with learning disabilities at the centre of the plan.

Initial consultation ran from August to November 2021 which sought to find out what areas were most important to people with learning disabilities. The information gathered was used to inform the focus areas of the strategy, including housing, health and wellbeing, choice and control, and health and wellbeing. Consultation included an online and paper survey to send to people with learning disabilities, themed focus groups which covered different localities and priority areas, one-to-one interviews with managers, an online staff survey, journey mapping and workshops with third sector organisation and locality planning partnerships.

A draft strategy was created following analysis of the initial consultation and a second consultation took place on the draft to make sure that people felt their views and needs were being reflected in the strategy. The activities carried out were the same as those in the first consultation period, however, focus was solely on the vision, priorities, actions and design of the draft strategy. This consultation period will run for 6 weeks between March and April 2022 and information gathered will be used to inform the final version of the strategy which will be published summer 2022.

## Wellbeing Survey

The Wellbeing Pledge Board and the IJB's Strategic Planning Advisory Group (SPAG) recommended that the HSCP undertakes an exercise to better understand the wellbeing of the community in South Ayrshire to build on (and bring up to date) existing data. At the same time, the HSCP has been in conversation with council colleagues who run South Ayrshire 1000 survey around how this exercise could be used to benefit the HSCP and the work on the Wellbeing Pledge.

To progress this piece of work HSCP colleagues worked with the Health Improvement Team (NHS A&A) and SAC Corporate Policy to develop a set of questions that will form the first South Ayrshire Wellbeing Survey. The questions have largely been drawn from existing surveys (e.g. Scottish Health Survey, Scottish Household and Quality of Life Survey) to ensure quality and rigour of the answer we will receive.

Careful consideration went into the selection of the questions, and they are themed along the key elements of the Wellbeing Pledge, with a focus on what is important to people rather than on, for example, HSCP services.

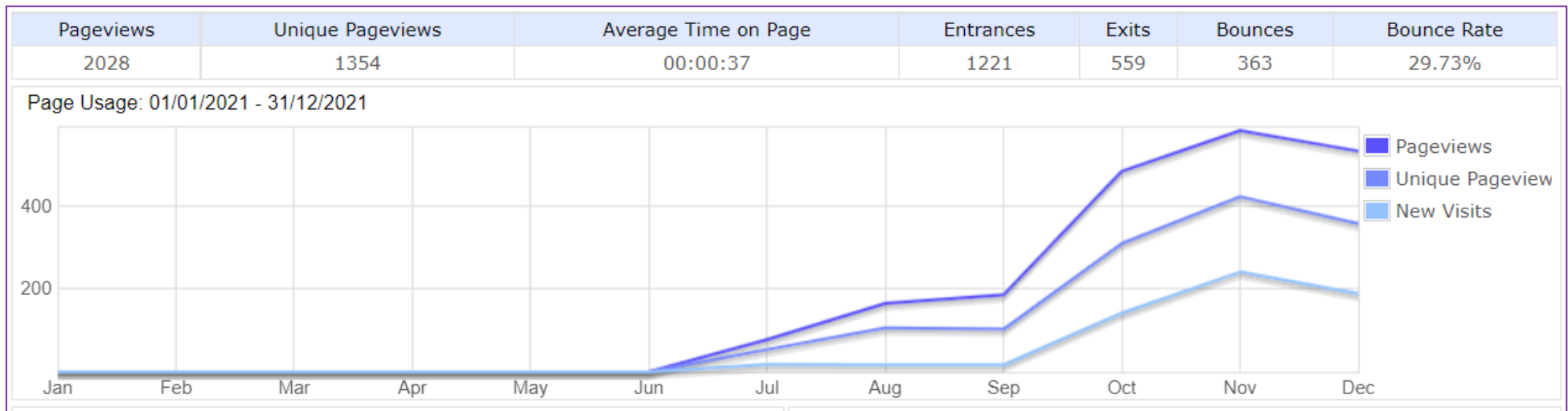


The survey was published by on 25 March 2022 and will be open for 12 weeks to allow adequate time for people to meaningfully engage. A report on the consultation responses will be presented to the Wellbeing Pledge Board at its meeting in September 2022 for discussion

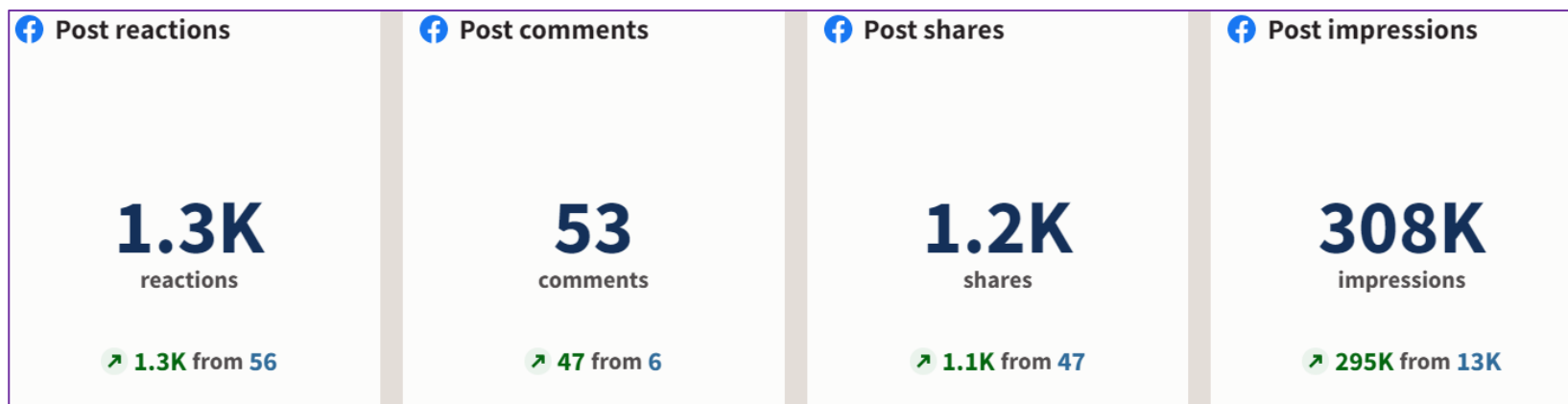
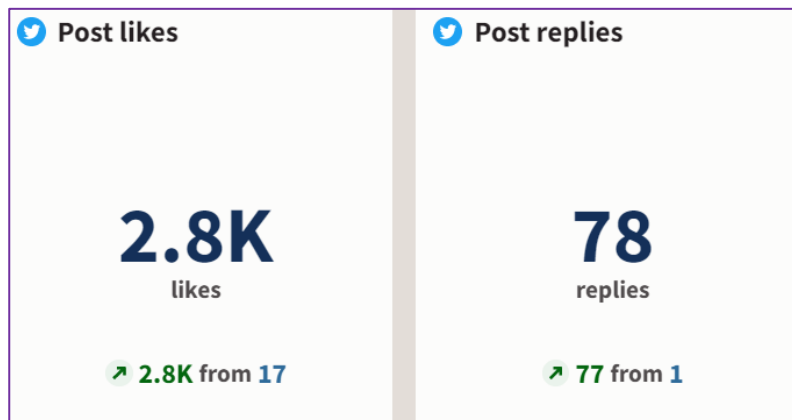
## Communications

South Ayrshire Health and Social Care Partnership have worked to improve communication and visibility over the 2021/22. Following successful recruitment of the Partnership Communication Officer and launch of the South Ayrshire Health and Social Care Partnership [website](#) there has been steady growth in online engagement.

### South Ayrshire HSCP website traffic 2021 (launched June 2021)



## Social Media Engagement 2021/22



## Press Engagement

During 2021-22 the HSCP have carried out 15 proactive press releases and achieved a 100% return rate on all press enquiries received.



# Clinical Care and Governance

Continuing into the second year of the pandemic we maintained our core governance meetings, in keeping with national guidance to ensure a joined-up approach to governance of both 'health' and social work / social care services. This includes the Health Care Governance Group which had been re-established the previous year. The HCGG received reports from each of the HSCP's service areas and other internal governance groups such as the Social Work Governance Committee. In addition to the regular Health and Care Governance business, the now well-established Community Services Oversight Group (CSOG), provides enhanced oversight of care homes and care at home services, built from the early days of the pandemic. Although emanating from national care home oversight guidance, we have tailored these arrangements to what works well for us locally. The multi-disciplinary approach to this group works well, has developed positive and robust relationships, and brings together partners to support improvement across services. These relationships have proven invaluable during some of the most challenging times experienced across health and care services. Although borne from significant challenge this forum has opened doors and kept them open. Engagement with the group is positive and supportive to embedding improvements, it gives a platform for developing training and good practice across all services and is driven by professional intelligence, governance and curiosity.

We have also developed a Quality Assurance Framework which is being rolled out through 2021-22. The QAF is an evidence-based assessment from a strategic overview of service provision. The findings of the assessments is reported into the CSOG for awareness and approval.

From a public protection perspective, Adult Support and Protection reports along with Child Protection reviews support learning for the HSCP and these wider multi-agency protection-based Partnerships. Good governance arrangements (through the Adult and Child Protection Committees) ensure that all staff are supported to share issues in a safe and confidential environment. Learning Summaries are shared, and the Partnership supports education and learning through the work done by the Education and Learning Sub-Group. This approach ensures that governance procedures improve, assure and, where necessary, result in remediation to drive the quality of our joint services. The Partnership Improvement Plan emanating from this governance approach, ensures that continuous improvement is embedded throughout every aspect of care delivery, from corporate leadership values to clinical and partnership support for staff. We continue to keep our governance processes under review and are constantly seeking to improve these.



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## In year progress and year ahead

This Annual Performance Report covers the twelve months to March 2022, the second and first full year following the Covid-19 pandemic. The reality of facing unprecedented challenges which touched an all aspects of people's lives, and significantly impacted on their health and wellbeing brought about opportunity to change and improve along with a desire to return to 'normality'. It has been the year which for some changed what was their normal to something different. There has been a heightened appreciation for resilience, innovation, durability and a sense of coming together.

Throughout the challenges there has been pockets of significant achievement and progress made. Employees collectively have endured some of the worst times in their career especially those on the front line, but also those who are not directly involved in front line service delivery. It has to be recorded that they have continued to focus on what is important – keeping people safe and enabling them to live well.

New services emerged as old ones reshaped. Core and cluster housing models continue to be a positive step forward and will add to the existing portfolio of quality accommodation for people with additional support needs. North Park Court, Girvan; Elba Street, Ayr; and other planned projects will be progressed at Fort Street and Carrick Street, Ayr for people with either Learning Disability or Mental Health.

Investment in our Care at Home service and reablement to support people in the community has been agreed and as the contract for Care at Home is achieved.

There has been changes to legislation governing health and care services and the presentation of a new world looming in the National Care Service.





# Lead Partnership Responsibilities

In 2021-22 South Ayrshire Health and Social Care Partnership was the Lead Partnership for the following services on behalf of the three Ayrshire Health and Social Care Partnerships:

## Continence

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

- Intermediate clinics across Ayrshire - the Continence Team delivers clinics in 12 locations throughout Ayrshire, including a monthly clinic on Arran;
- An advisory and educational service to NHS clinicians thus enhancing the quality of evidence-based continence care being delivered to patients and carers. The service delivers an annual programme of education; and
- An advisory service to patients, carers and voluntary organisations and a Monday to Friday helpline.

The Partnership is currently in the process of reviewing the continence service to improve support to those who use the service.

## Family Nurse Partnership

As we navigated through a second lockdown from January 2021, the FNP team had to adapt and adjust whilst ensuring the safety of our clients, families and Family Nurses. Our Family Nurses continued to deliver a full programme with a hybrid of face to face, online and telephone visits. The Family Nurses provide an essential service alongside the Universal Health Visiting timeline, so it was important that we continued to offer visits to clients and their families following the national guidance and wearing PPE as recommended. An evaluation of the FNP service has recognised that the Family Nurse visits were valued by our clients during a time of uncertainty and crisis and was evidenced by sustained levels of referrals, enrolments, engagement and retention throughout South Ayrshire.



The Family Nurse Partnership (FNP) continue to offer the programme to all first-time parents aged 19 years and under. Between October 2015 and March 2022, **206** young women from South Ayrshire were eligible for the FNP programme and of that **122** have enrolled in the programme. The average age of those enrolling in the programme is 18 years, with 92% of clients residing in SIMD 1-4 areas.

Positive outcomes for the parent and child between 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022

- Average birth weight of infants is **3.26kg**, which is considered to be in the normal range according to WHO, where **3.3kg is a national average**.
- **34.9%** of mothers involved in the programme initiated breastfeeding their babies at birth.
- At both 6 months and 24 months, **100%** of children on the programme had received recommended immunisations.
- **32%** of mothers smoked when joining the programme, reducing to 19% at 36 weeks gestation, 40% drop. **100%** of these clients received a referral to smoking cessation.

South enrolled clients	Number	%
14 Years	0	0%
15 Years	3	2%
16 Years	7	6%
17 Years	24	20%
18 Years	36	30%
19 Years	38	31%
20 Years	14	11%
<b>Total</b>	<b>122</b>	<b>100%</b>

## Community Equipment Store

The Community Equipment Store supports the provision of equipment, such as hospital beds, mattresses, hoists, slings etc., across the Ayrshire and Arran Health Board. As lead, South Ayrshire Health and Social Care Partnership are responsible for line management and budget of the service.

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

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

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



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## Other Lead Partnership Arrangements

**North Ayrshire Health and Social Care Partnership** is the lead partnership for specialist and in-patient Mental Health Services as well as some Early Years Services for North, East and South Ayrshire. It is responsible for the strategic planning of all Mental Health in-patient services, Ayrshire Crisis Resolution Team, Learning Disability Assessment and Treatment Service, Child and Adolescent Mental Health Services, Psychology Services, Child Immunisation Team, and Community Infant Feeding Service.

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



# Looking Ahead

## Children's Services

As Head of Service, Mark Inglis is clear on his aims and aspirations for Children's Health Care services. We are committed to continuing to work on a preventative basis applying the Christie Commission four P's of **Prevention, People, Performance and Partnership**.

Looking ahead, children services will look to the learning from the Transformational projects that have shown efficiency and improved service delivery over the past three years. Namely the Belmont Family First project, the implementation of the Signs of Safety and the Cunningham Place extension.

These transformation projects have evidenced financial efficiencies over and above targets as well as delivered improved service user experience. This creates an opportunity to continue to invest in transformational work to further enhance early intervention and preventative approaches.

The team will focus on developing further proposals to:

- Roll out to other schools a Family First Schools project, learning from the Small Steps to Wellbeing project and expanding on the Belmont First model
- Transform and modernise the children with disability team
- Create neurodevelopmental support within Ayr North / Wallacetown
- Redesign current Young Persons Support and Transition Team
- Develop trauma informed therapeutic services for children looked after in Foster and Kinship Care, including the employment of a Play Therapist and enhanced training to reduce the number of family care break downs
- Enhance our support to families applied the principles of the Promise family support, through our Intensive Family Support Service, and Functional Family Therapy
- Learn from the work of Horizons Research commissioned by the Children Services Planning Group, to develop a whole family approach offer in South Ayrshire that is informed and reflects the whole Community Planning Partnership contribution through the Children's Service Planning Group
- To deliver on the Promise and change the "whole system" and how we care for Children who are in care or Care Experienced
- To deliver on the Parenting Promise and our objective of loving our Care Experienced Children and young people in word and in action.



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## Community Health and Care Services

Billy McClean has set his vision high across the service areas within his remit:

### Mental Health and Addictions

We are improving our approach to integrated services closer to the community with significant investment in our integrated teams and early intervention approaches.

Working closely with Housing we have developed sector leading supported housing projects for our most vulnerable clients.

Over the coming 12 months we will review our Mental Health Strategy and work as part of our Alcohol and Drugs Partnership to strengthen our strategic and whole system approach to improve outcomes for those suffering with addiction and / or mental health problems.

### Learning Disabilities and Sensory Impairment

In delivering against our previous strategy we have integrated teams that support people with a learning disability to contribute to their community and live more meaningful lives.

We have a number of sector leading supported housing projects and have supported people to return to Ayrshire.

Our new Learning Disability Strategy was published in 2022 and is celebrated as an excellent example of partnership working and service user engagement having been developed and being delivered in partnership with people who have a learning disability and their carers.

### Adult and Older People

Building on the success of our Strategic Plan and Wellbeing Pledge we have a clear vision for our “team around the locality” to enable services, partners and communities to work together to deliver the best outcomes for those we serve.

Following significant investment in our front line teams, we are now investing in and restructuring our Senior Management and Professional Leadership capacity within Adult Community Health and Care Services to deliver on that vision.

This investment aims to drive quality improvement, professional standards and integrated working with a focus on prevention, early intervention and partnership working.



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## South Ayrshire Health & Social Care Partnership

As Director of South Ayrshire Health and Social Care Partnership, Tim Eltringham celebrates the previous year's achievements and reflects on the strength of the current position. This comes as we move out of one of the most challenging periods in health and social care history.

Offering positive, empowering and motivating leadership, the senior management team are committed to further improving access to services. This will require us to make sure that the right premises are secured where staff can feel valued, be proud of the facilities they work from and present to the wider community that the Health and Social Care Partnership is committed to building thriving communities where people can be supported and support others living close to them.

We will continue to listen to our staff, and those of our partners to provide value based training, to support their development and actively promote the value of our richest resource. We will ensure that training is up to date, provides skills, knowledge and support their professional and personal growth. We will actively promote health and social care as a positive destination for employment, offer real career path opportunities and build a strength based workforce who are committed to continuous improvement.

Building on improved access to training across both the NHS and SAC workforce, Adult Support and Protection training, Trauma informed practice awareness and training and a culture of Quality Improvement being everyone's role will be further expanded.









We will work with stakeholders and partners to create real opportunities to grow our skilled workforce and make South Ayrshire the location of choice for people to live, learn and work in.










Looking inwards to our Performance Management and reporting we will gather, collect and present evidence based business intelligence which supports services to develop responsive, appropriate services whilst meeting our statutory obligations. This will also help us manage our risks better.

Our passion, drive and commitment to keep people safe, well and healthy has never been stronger.





# Appendix 1: National Health and Wellbeing Indicators Data

	NATIONAL INDICATORS	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Scotland Latest Data	RAG Status
NI-1	Percentage of adults able to look after their health very well or quite well	95%	N/A	95%	N/A	94%	N/A	94%	N/A	92%	91% (2021/22)	
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	N/A	83%	N/A	82%	N/A	82% <sup>1</sup>	N/A	76% <sup>1</sup>	79% <sup>1</sup> (2021/22)	
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	N/A	80%	N/A	77%	N/A	75% <sup>1</sup>	N/A	76% <sup>1</sup>	71% <sup>1</sup> (2021/22)	
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	79%	N/A	74%	N/A	85% (s)	N/A	72% <sup>1</sup>	N/A	63% <sup>1</sup>	66% <sup>1</sup> (2021/22)	
NI-5	Total percentage of adults receiving any care or support who rated it as excellent or good	81%	N/A	83%	N/A	85%	N/A	81% <sup>1</sup>	N/A	76% <sup>1</sup>	75% <sup>1</sup> (2021/22)	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	89%	N/A	90%	N/A	88% (s)	N/A	86%	N/A	78% (s)	67% (2021/22)	
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	N/A	83%	N/A	87% (s)	N/A	81% <sup>1</sup>	N/A	72% <sup>1</sup>	78% <sup>1</sup> (2021/22)	
NI-8	Total combined percentage of carers who feel supported to continue in their caring role	43%	N/A	40%	N/A	36%	N/A	37%	N/A	34%	30% (2021/22)	

<b>NI-9</b>	Percentage of adults supported at home who agreed they felt safe	83%	N/A	85%	N/A	85%	N/A	87% <sup>1</sup>	N/A	76% <sup>1</sup>	80% <sup>1</sup> (2021/22)	
<b>NI-10</b>	Percentage of staff who say they would recommend their workplace as a good place to work	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<b>NI-11</b>	Premature mortality rate per 100,000 persons	425 (2013)	391 (2014)	422 (2015)	451 (2016)	380 (2017)	419 (2018)	428 (2019)	435 (2020)	454 (2021)	471 (2021)	
<b>NI-12</b>	Emergency admission rate (per 100,000 population)	14,825	15,811	16,334	16,573	17,713	17,899	16,825	14,854	15,807 (2021) <sup>2</sup>	11,636 (2021) <sup>2</sup>	
<b>NI-13</b>	Emergency bed day rate (per 100,000 population)	153,312	166,173	176,340	177,345	175,557	160,973	161,902	136,320	144,920 (2021) <sup>2</sup>	109,429 (2021) <sup>2</sup>	
<b>NI-14</b>	Readmission to hospital within 28 days (per 1,000 population)	109	107	110	116	120	127	118	128	117 (2021) <sup>2</sup>	110 (2021) <sup>2</sup>	
<b>NI-15</b>	Proportion of last 6 months of life spent at home or in a community setting	85%	86%	86%	85%	86%	86%	87%	89%	88% (2021) <sup>2</sup>	90% (2021) <sup>2</sup>	
<b>NI-16</b>	Falls rate per 1,000 population aged 65+	22.3	24.9	24.4	22.4	24.8	24.1	22.6	22.1	22.8 (2021) <sup>2</sup>	23.0 (2021) <sup>2</sup>	
<b>NI-17</b>	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	N/A	86%	89%	86%	87%	80%	80%	79%	73%	76% (2021/22)	
<b>NI-18</b>	Percentage of adults with intensive care needs receiving care at home	71% (2013)	67% (2014)	63% (2015)	64% (2016)	63% (2017)	61% (2018)	64% (2019)	69% (2020)	73% (2021)	65% (2021)	<b>N/A</b>



<b>NI-19</b>	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	629	900	838	1,273	967	1,354	1,699	886	1,387	761 (2021/22)	
<b>NI-20</b>	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	27%	26%	27%	28%	29%	29%	29% <sup>3</sup>	N/A	N/A	24% <sup>3</sup> (2019/20)	
<b>NI-21</b>	Percentage of people admitted to hospital from home during the year, who are discharged to a care home <b>(Indicator under development)</b>											
<b>NI-22</b>	Percentage of people who are discharged from hospital within 72 hours of being ready <b>(Indicator under development)</b>											
<b>NI-23</b>	Expenditure on end of life care, cost in last 6 months per death <b>(Indicator under development)</b>											

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

(p) provisional figures




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

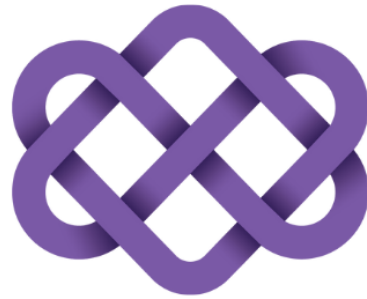
#### Notes

1 Due to various changes in the HACE survey wording in 2019/20, indicators NI-2, NI-3, NI-4, NI-5, NI-7 and NI-9 are comparable between 2019/20 and 2021/22 but not to results in years prior to this.

2 Calendar year 2021 is used here as a proxy for 2021/22 for indicators NI-12, NI-13, NI-14, NI-15 and NI-16 due to the national data for 2021/22 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of Covid-19 at different points of the pandemic.

3 Indicator 20 - 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, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the Covid-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

	No concerns		Some concerns		Major concerns
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