EAST AYRSHIRE
Health & Social Care Partnership

Annual Performance Report 2019/20

August 2020

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1. Executive Summary

The East Ayrshire Health and Social Care Partnership ("the Partnership") formed in April 2015, bringing together health and care services in East Ayrshire. The Partnership includes the full range of community health and care services and is also the 'Lead Partnership' across Ayrshire and Arran for services commonly known as 'Primary Care'. Primary Care covers General Medical Services, community pharmacy, optometry practices, dental practices, the Public Dental Service, Pan-Ayrshire Out of Hours nursing service and Pan-Ayrshire Out of Hours Social Work Response Service.

The Partnership is a complex organisation bringing together partners, services and substantial financial resources. The Partnership is responsible for meeting key objectives and it is therefore important to publicly report on how we are performing on the agreed outcomes that we aspire to.

This document is the Partnership's Annual Performance Report 2019/20. It demonstrates how we have performed against our outcomes for health, wellbeing, children and young people and justice throughout 2019/20, our fifth year of operation. It also builds on the information we published in our previous Annual Performance Reports, providing a year-on-year narrative of our progress.

The work of the Partnership aligns with East Ayrshire's Community Plan for 2015-30. In taking forward our plans, we work to a vision of:

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

This section provides an Executive Summary of the Annual Performance Report for the 2019/20 period. Progress is measured through tracking actions, work plans and key measures. 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.

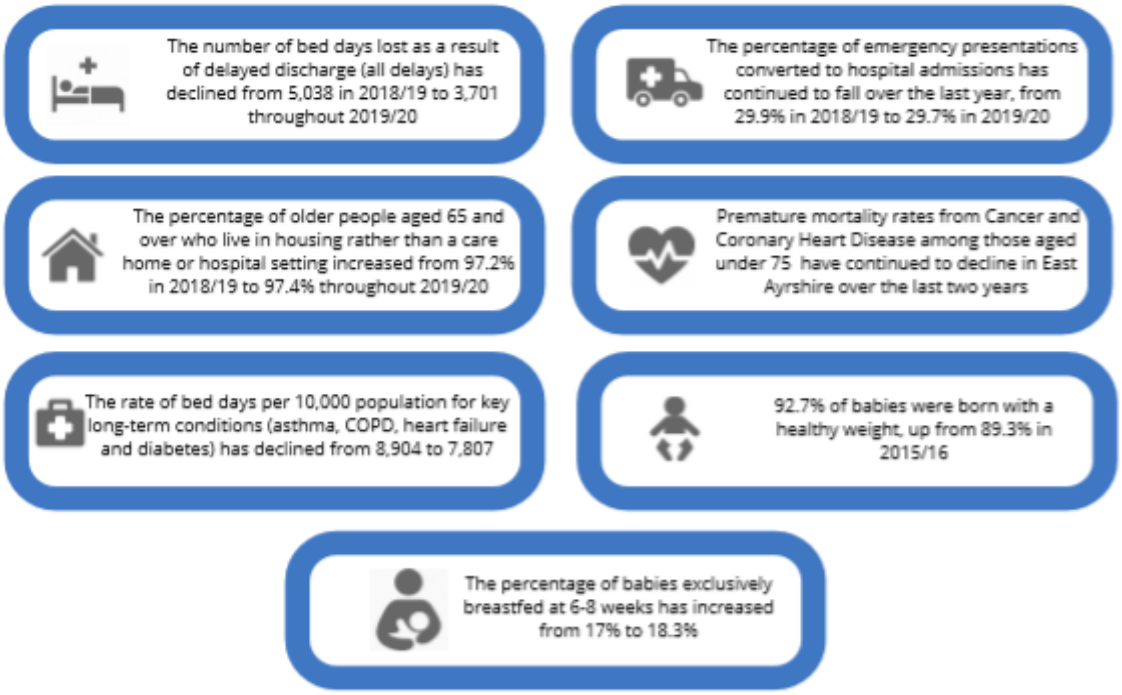
The Annual Performance Report provides an opportunity to reflect on the past year and to celebrate the achievements delivered by employees and partners. It is also a chance to consider the challenges that face us in terms of our performance now and in the future.

Performance Summary

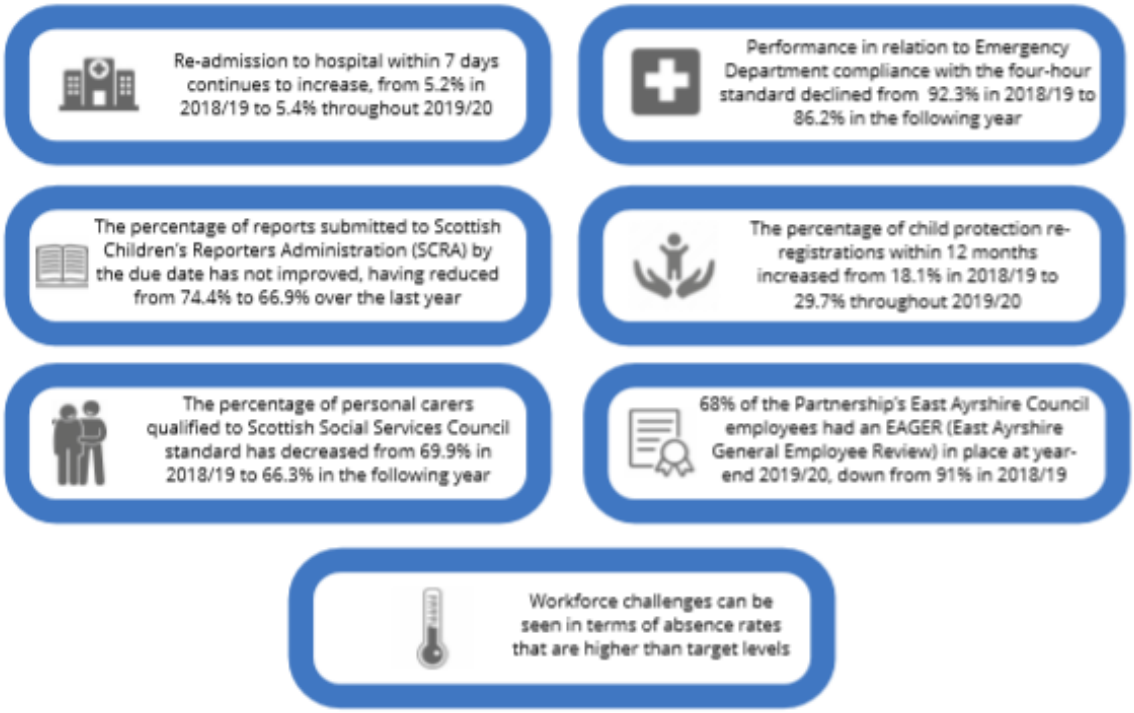
2019/20 results from the Core Suite of Integration Indicators (CSII) 'Data Indicators' indicate that East Ayrshire has made notable progress across the majority of areas reported from the previous year, in addition to performing above national levels in some measures. However, despite this improved performance, the dataset highlights that further improvement is required to reach national levels in some areas. 2019/20 updates were not available for the 'Outcome' indicators within the CSII (sourced from Health and Care Experience Survey), due to Scottish Government staff redeployment for Covid-19 work.

Similarly, East Ayrshire performance in relation to a number of core Ministerial Strategic Group (MSG) indicators improved throughout 2019/20 from the previous year, particularly in relation to unscheduled care and delayed discharge. However, we recognise that further improvement is required to achieve similar rates to that of national levels in some areas.

In addition to the progress made in relation to CSII and MSG indicators, we are reporting notable improvement across health and wellbeing and children and young people outcomes:



The Partnership is committed to continuous improvement and a number of challenging areas of performance across our services have been identified, including:



A more detailed assessment of our performance can be found here.

Integration Joint Board – Governance and Decision-Making

The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations sets out the membership of the IJB. The IJB at its meeting on 19 June 2019 formally approved the appointment of an NHS Ayrshire and Arran Non-executive Board Member as IJB Chair in succession to a Council representative.

The IJB's governance decisions throughout 2019/20 reflected a wide variety of service improvements across the functions delegated to the Partnership by the Integration Partners. The IJB Stakeholder Forum has continued to improve involvement and engagement in decision making over the last year, particularly for unpaid carers and people who use services.

Throughout 2019/20, the IJB continued to progress work across Ayrshire alongside the Scottish Government Integration Team to develop powers within the Public Bodies Act. Where appropriate, narrative is provided on the IJB's decisions and directions, alongside the relevant performance and delivery analysis.

Financial Performance

The IJB must comply with national financial regulations, codes of practice and guidance. A detailed auditing process is in place to ensure that proper practice is adhered to, which in 2017/18 highlighted financial sustainability as a key risk for the Partnership and accordingly resulted in development of a Medium Term Financial Plan 2017/18-2021/22. The net cost of services commissioned through the IJB for 2019/20 was £242.957m. A £2.408m net underspend was achieved for 2019/20, however this total has been earmarked for various commitments in future financial years, resulting in an overall balanced position for 2019/20.

Best Value

The IJB's Integration Partners continued their transformational change planning and delivery arrangements in 2019/20 to ensure ongoing Best Value. NHS Ayrshire and Arran's Transformational Change Improvement Plan 2017-2020, Health and Care Delivery Plan 2019-2022 and East Ayrshire Council's second Transformational Strategy 2017-2022 were also in place throughout 2019/20 with regular progress and performance reporting through appropriate governance structures.

The Partnership's transformational change journey, aligned with the Integration Partners' strategic direction, continues to be driven by the Strategic Commissioning for Sustainable Outcomes Programme Board, delivered through our Strategic Plan. The Programme Board has delegated responsibility for the Partnership Transformation Fund, aiming through temporarily increased capacity in high priority areas, to achieve sustainable improvements in outcomes for people and communities within a reduced financial and human resource.

A three-year strategic programme of Best Value Service Reviews commenced in 2019 with the aim of ensuring continuous service improvement through identifying more efficient and effective ways of delivering services to provide better value for money for local communities going forward. A number of health and social care services will be reviewed through a person-centred approach using 'best value' methodology over this period, with a focus on key improvement themes.

Inspection Findings

Scheduled and unscheduled inspections by the Care Inspectorate continued throughout 2019/20. Quality of care was assessed as 'good' or better in 75% of our services, which was a notable increase from the previous year (65%).

Findings from a thematic inspection of Self Directed Support in 2018/19 and continuous self-evaluation activity identified a number of areas for improvement going forward. Focused improvement action was taken throughout 2019/20 based on these learnings and good progress has been made to enhance key elements of Self Directed Support in East Ayrshire.

Audit and Performance Committee

In 2019/20, the Audit and Performance Committee considered internal audit reports from East Ayrshire Council and Grant Thornton LLP on behalf of NHS Ayrshire and Arran and external reports from Audit Scotland and Deloitte LLP. Over this period, the Committee continued to oversee the Strategic Commissioning for Sustainable Outcomes Programme Board, considered governance and assurance arrangements and performance reporting to the IJB and considered a detailed Self-Evaluation of East Ayrshire implications identified from an Audit Scotland/Accounts Commission report in November 2018. The Committee also approved a programme of Best Value Service Reviews to ensure that transformation is achieved to meet the sustainability challenge detailed in the Strategic Plan and Medium Term Financial Plan.

Strategic Plan 2018-21

An annual review of our Strategic Plan 2018-2021 was undertaken during 2019/20, in line with our Participation and Engagement Strategy and through a comprehensive programme of stakeholder engagement. During the reporting period, the Strategic Planning and Wellbeing Delivery Group ('the Group') considered key aspects of the Strategic Plan, alongside the indicative partnership budget to deliver these commitments. The review concluded that the Strategic Plan continues to be fit for purpose and that there is no requirement for a replacement plan. The Group reaffirmed the vision, values and Strategic Commissioning intentions as set out in the plan and also considered key priorities for 2020/21 and beyond.

Within this annual review, the Group endorsed a longer term approach to developing future Strategic Plans in line with the IJB's long term transformational priorities and programmes. In developing the Partnership's third Strategic Plan from 2021, we intend to strategically align with the wider East Ayrshire Community Plan 2015-30, with a continuation of the annual review process and progress reporting every three years.

Localities

We continue to embed a locality-based approach to service planning and delivery to meet local needs. Our Locality Planning Groups continued to implement their action plans throughout the last year to progress local priorities. Throughout 2019/20, the Locality Groups maintained a focus on tackling social isolation and loneliness by hosting a series of community events which brought members of the public, partners and numerous groups together to make meaningful connections with each other.

Over the last year, Community Health and Care Services and General Medical Services in the form of GP Clusters, have continued to develop delivery arrangements aligned to localities and the objectives set out in our Property and Asset Management Strategy continue to support local needs and the creation of opportunities within our localities.

Lead Partnership Arrangements

Lead Partnership arrangements continue to be in place across Ayrshire and Arran. The East Ayrshire Health and Social Care Partnership has Lead Partnership responsibility for Primary Care and Out of Hours Community Response. This lead responsibility relates to: Medical Practices, Community Pharmacies, Optometry Practices, Dental Practices, Public Dental Service and the Ayrshire Urgent Care Service (AUCS). The North Ayrshire Partnership leads on Mental Health Services in addition to some Early Years Services. The South Ayrshire Partnership leads on Continence, Falls Prevention and Sensory Impairment in Ayrshire.

Progress was made throughout the reporting period in relation to a number of services and workstreams, including: Pharmacotherapy Services, Community Treatment and Care, Urgent Care Services, Multi-Disciplinary Teams In General Practice, Pharmacy, Public Dental Service and General Dental Service, Ayrshire Urgent Care Service (AUCS) and the Vaccination Transformation Programme.

The second phase Ayrshire and Arran Primary Care Improvement Plan 2020-22 was developed in October 2019 in a collaborative approach across the three Ayrshire IJBs, the NHS Board and the local GP sub-committee/Local Medical Committee. This collaboration was key in creating a report that outlines our ambition to develop Primary care services to be both sustainable and to meet the future needs of our communities.

Caring For Ayrshire

Caring for Ayrshire is a 10 year transformative change programme led by the Caring for Ayrshire Programme Board, with a focus on implementing whole system redesign of health and care services across Ayrshire and Arran to best meet the health and care needs of residents. The programme is a response to a range of significant challenges in Ayrshire, including: increasing service demand, aging populations with complex health requirements, workforce gaps, general population health, buildings which are no longer fit for purpose and financial restraints. These drivers for change alongside evolving policy, clinical and quality requirements necessitate a need for transforming local health and care services with an emphasis on delivering care closer to home to reduce dependence on hospital-based care and to improve outcomes.

Local level engagement is a key element of the programme to ensure the needs and circumstances of different areas are fully considered and reflected going forward. Three engagement events were held in East Ayrshire throughout 2019/20 which brought together members of the public, stakeholders and partners to share their views and aspirations for future service delivery.

Covid-19

The East Ayrshire Health and Social Care Partnership mobilised to respond to the Covid-19 pandemic in March 2020, with a focus on delivering safe and effective services for those at risk in our communities. The nature of the pandemic required a swift and proactive response, comprising a number of workstreams to ensure that people in the community were kept safe. Examples of vital work undertaken within this response included: establishing a Covid-19 Community Clinical Assessment Centre, creating additional community and social care capacity, community testing, ensuring provision of personal protective equipment, maintaining a sufficient workforce to support the delivery of core services and revising local operating and management arrangements.

This year's Annual Performance Report (2019-2020) has been subject to the impact of Covid-19, as colleagues who normally contribute towards reporting on our Partnership's performance over the last year have been focussed on delivering vital services, resulting in examples of delivering what matters to our communities being more concise than in previous years. Our next Annual Performance Report (2020-2021), will fully outline the impacts of the pandemic across our communities and services, in addition to describing how our integrated recovery and renewal journey has progressed to ensure continued delivery of effective and person-centred care.

Looking Ahead

Our Strategic Plan 2018-21 focuses on four priority areas:

- Early Intervention and Prevention;
- New Models of Care;
- Building Capacity in Primary and Community Care and;
- Transformation and Sustainability.

The Partnership's delivery activities over this period is centred on these aims and includes key investments such as: utilising the Primary Care Investment Fund, increasing the workforce in line with Action 15 of the national Mental Health Strategy, including to improve access to mental health support within HMP Kilmarnock and in improving attainment for looked after children. Our new Strategic Plan 2021-30 will be developed during the course of the coming year together with partners in all sectors and we will collaboratively review our priorities and long term strategic intent within this process.

A key focus throughout 2020-21 will be on recovery and renewal from the impact of Covid-19 and our Service Improvement Plans will be key to delivering this. The recovery and renewal process will be a significant piece of work over the next year and through comprehensive engagement and collaboration with partners and communities, this process will generate further learning towards our new models of care and will be central to the Partnership's long term strategic intent.

2. Introduction

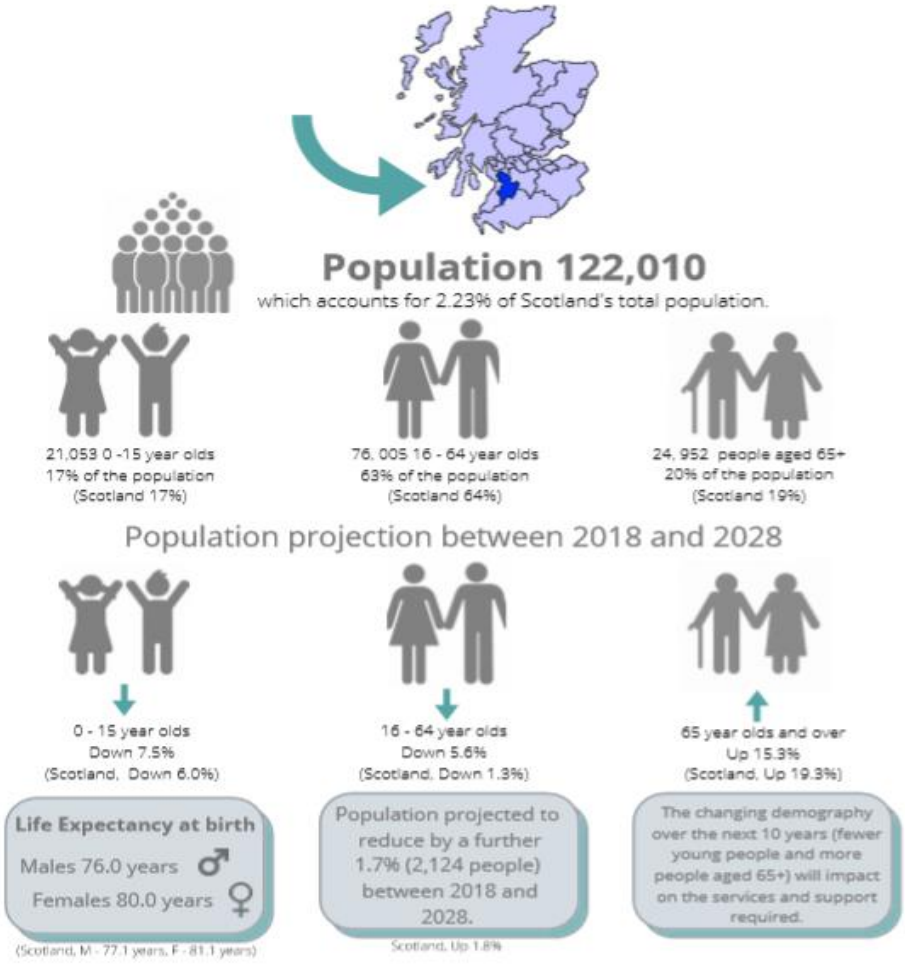
This is the Annual Performance Report for East Ayrshire Health and Social Care Partnership for 2019/20.

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") obliges Partnerships to produce annual performance reports setting out an assessment of performance in planning and carrying out 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.

This Report is produced to meet the 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 takes account of national guidance. A full assessment of our performance can be found here.

The Report is delivered in the context of the national and local policy framework, the East Ayrshire Community Plan 2015-30 and the Health and Social Care Partnership Strategic Plan 2018-21.

East Ayrshire is a diverse area covering some 490 square miles with a population of 122,010 people spread over both urban and rural communities. The profile below displays the demographic characteristics of East Ayrshire:



Community Plan 2015-30

The East Ayrshire Community Plan 2015-30 is the sovereign and overarching planning document for East Ayrshire, providing the local strategic policy framework for the delivery of public services by all partners.

The vision set out in the Community Plan is that:

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

Implementation of the Community Plan is through three thematic Delivery Plans, namely;

Economy and Skills **Safer Communities** **Wellbeing**

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

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

The Community Plan was reviewed during 2017/18 with new strategic priorities developed for 2018-21. The Wellbeing Delivery Plan and the Partnership's Strategic Plan 2018-21 are aligned to reflect these developments and future publications of this report will reflect the updated local context.

2020 Vision for Health and Social Care

The national 2020 vision for health and social care overarches the Partnership's work:

2020 Vision

'By 2020 everyone is able to live longer healthier lives at home, or in a homely setting'.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Health and Care Delivery Plan

The Partnership's commissioning intentions focus on the 'triple aim' of the national Health and Social Care Delivery Plan, summarised as:

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

National Outcomes- Health, Wellbeing, Children & Justice

The suite of 15 national outcomes then frames the Partnerships' activities:

National Outcomes for Children	
Outcome 1	Our children have the best start in life.
Outcome 2	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
Outcome 3	We have improved the life chances for children, young people and families at risk.
Health and Wellbeing Outcomes	
Outcome 4	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 5	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 or in a homely setting in their community.
Outcome 6	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 7	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 8	Health and social care services contribute to reducing health inequalities.
Outcome 9	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 10	People who use health and social care services are safe from harm.
Outcome 11	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 12	Resources are used effectively and efficiently in the provision of health and social care services.
National Outcomes Justice	
Outcome 13	Community safety and public protection.
Outcome 14	The reduction of reoffending.
Outcome 15	Social inclusion to support desistance from offending.

Health and Social Care Partnership Strategic Plan 2018-21

Our second Strategic Plan is in place for 2018-21. The Strategic Plan 2018-21 aligns with the Community Planning Partnership vision and strategic objectives. A strategic framework of enablers and local priority areas, combined with the Partnership's values, is in place to deliver our strategic priorities and work towards the vision.

Strategic and Performance Frameworks

This report aims to demonstrate the extent to which delivering our Strategic Plan contributes towards National Outcomes, by assessing our performance against key indicators and in relation to the principles of integration. Our full strategic and performance framework can be found in Appendix 1.

3. Measuring Performance Under Integration

Since January 2018, Partnerships have been working to local objectives and trajectories required by the Ministerial Strategic Group for Health and Community Care (MSG) for improvement in relation to six key indicators, aiming to provide a whole system overview of performance. Analysis and commentary in relation to our performance against the MSG measures is incorporated in this Report across the relevant health and wellbeing outcome dimensions, as summarised in the table below.

Much of the MSG data refers to a range of activities coming under the umbrella of 'unscheduled care' - activities that support people to stay in their own homes, return to their own homes as quickly as possible when hospital treatment is needed and prevent related re-admission to hospital. Unscheduled care is a key element of the health and social care system in Ayrshire and Arran. Services require to be responsive to need whilst at the same time transforming in a way that, where appropriate, moves contact from reactive to planned engagement and from hospital based care to community.

Unscheduled Admissions	2019/20 Trajectory: reduce rate of growth to 5% 2019/20 Performance: rate increased by 9%	●
Occupied Bed Days Unscheduled Care	2019/20 Trajectory: reduce by 4% 2019/20 Performance: rate reduced by 9%	✓
Emergency Department- Compliance with 4 hour standard	2019/20 Trajectory: 95% admitted, discharged or transferred within 4 hours 2019/20 Performance: 86.2% admitted, discharged or transferred within 4 hours	●
Delayed Discharge bed days (including Code 9)	2019/20 Trajectory: Maintain upper quartile and aim to reduce Code 9 occupied bed days by 25 % on baseline 2019/20 Performance: Upper quartile maintained (6th lowest in Scotland for no. of bed days lost to delayed discharge in the year) and Code 9 reduced by 47.7%	✓
End of Life Care- Proportion of last 6 months of life spent in community setting	2019/20 Trajectory: Increase to 91.7% 2019/20 Performance: Increased to 89.6%	●
Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home (supported and unsupported)	2019/20 Trajectory: N/A 2019/20 Performance: N/A	–

Throughout 2019/20, reports were regularly submitted to the Audit and Performance Committee and NHS Ayrshire and Arran Health Board, analysing performance in respect of pressures within the health and care system experienced as a result of increasing demand for unscheduled care, aligned to the MSG indicators.

It has been possible to include financial year figures for the following indicators presented below as Ayrshire and Arran SMR01 data completeness was reported to be 100% across the full 2019/20 financial year period.

East Ayrshire Performance Against MSG Indicators: 2018/19 – 2019/20 (Financial Years)

	2018/19	2019/20	% Change
MSG01 - Unscheduled Admissions (all ages) (rate per 1,000 total population)	149.2	146.4	↓1.9%
MSG02 - Occupied Bed Days Unscheduled Care (all ages, acute specialities) (rate per 1,000 total population)	787.2	772.6	↓1.9%
MSG03 - Emergency Department: compliance with the four-hour standard	92.3%	86.2%	↓6.1pp
MSG04 - Delayed Discharge Bed Days (including code 9s) (rate per 1,000 18+ population)	51.3	37.6	↓26.7%
MSG05 - End of Life Care – proportion of the last 6 months of life spent in community setting	88.7%	89.6%	↑0.9%
MSG06 - Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home (supported and unsupported)	96.1%	2019/20 figure not available at time of reporting	N/A

*** Please note that financial year figures are reported in the table above.**

East Ayrshire has recorded positive performance across the majority of core MSG indicators throughout 2019/20 in comparison to performance in the previous year, as highlighted in the table above. Rates of unscheduled admissions and unscheduled care occupied bed days declined by 1.9%, the proportion of last 6 months of life spent in community settings increased by 0.9% and the rate of delayed discharge bed days reduced significantly by 26.7%. Compliance with the four-hour emergency department standard declined by 6.1 percentage points, indicating an area for improvement going forward.

MSG Indicator Benchmarking – 2019 Calendar Year

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inverclyde	West Dunbartonshire	Glasgow City
MSG01 - Unscheduled Admissions (all ages) (per 1,000 population)	109.3	151.6	131.5	117.4	155.4	143.1	126.4	124.0	115.4
MSG02 - Occupied Bed Days Unscheduled Care (all ages, acute specialities) (per 1,000 population)	704.1	789.2	1047.8	719.6	967.6	720.7	940.6	855.5	816.8
MSG03 - Emergency Department: compliance with the four-hour standard	88.3%	87.5%	97.8%	95.2%	87.8%	88.1%	89.4%	87.1%	85.4%
MSG04 - Delayed Discharge Bed Days (including code 9s) (per 1,000 18+ population)	119.6	35.4	334.8	90.4	208.0	150.8	18.2	72.8	79.5
MSG05 - End of Life Care – proportion of the last 6 months of life spent in community setting	88.8%	89.8%	88.5%	88.9%	87.8%	89.4%	88.5%	89.1%	88.2%
MSG06 - Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home **2018/19***	96.0%	96.1%	96.1%	95.1%	96.0%	96.7%	94.9%	95.9%	94.8%

*** Please note that all figures above with the exception of MSG06, reflect the 2019 calendar year due to data completeness issues across different areas.**

The table above displays East Ayrshire performance alongside comparator areas throughout 2019 within our benchmarking 'Family Group' developed by the Local Government Benchmarking Framework and the Improvement Service. The figures highlight that East Ayrshire has performed well in relation to delayed discharge bed days, end of life care and balance of care, however the data indicates that improvement is required in regards to unscheduled admissions, unscheduled care bed days and compliance with the four-hour emergency department standard.

The Core Suite of Integration Indicators (CSII) draw together measures that are appropriate for the whole system under integration, developed to provide an indication of progress towards key outcomes that can be compared across partnerships and described at a national level. East Ayrshire performance in relation to the 'Data' indicators within the CSII over the last year is set out below. 2019/20 updates were not available for the 'Outcome' indicators (1-9) within the CSII (sourced from national Health and Care Experience Survey) due to Scottish Government staff redeployment for Covid-19 work.

East Ayrshire Performance Against CSII (Data Indicators): 2018/19 – 2019/20

	2018/19	2019/20	% Change
CSII-11: Premature mortality rate per 100,000	482	2019/20 figure not available at time of reporting	N/A
CSII-12: Emergency admission rate per 100,000	16,246	15,803	↓2.7%
CSII-13: Emergency bed day rate for adults (per 100,000 population)	120,198	111,796	↓7%
CSII-14: Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges)	118	110	↓6.8%
CSII-15: Proportion of last 6 months of life spent at home or in a community setting	89%	90%	↑1pp
CSII-16: Falls rate per population aged 65+	22	18	↓4pp
CSII-17: Proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections	65%	75%	↑10pp
CSII-18: Percentage of adults with intensive care needs receiving care at home	69%	2019/20 figure not available at time of reporting	N/A
CSII-19: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	387	247	↓36.2%
CSII-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	27%	24%	↓3pp

*** Please note that financial year figures are reported in the table above.**

East Ayrshire has achieved improved performance across the majority of 'Data' indicators within the CSII throughout 2019/20 in comparison to the previous year. Particular areas of significant improvement include: the number of days older people spend in hospital when ready to be discharged (36.2% reduction), the proportion of care services graded 'Good' (4) or better (10pp increase), emergency bed days for adults (7% decline) and the rate of falls for older people (4pp reduction).

CSII Benchmarking – 2019 Calendar Year / 2019-20 Financial Year

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inver clyde	West Dumbarton shire	Glasgow City
CSII-11: Premature mortality rate per 100,000	426	492	357	542	501	515	550	508	607
CSII-12: Emergency admission rate per 100,000	12,602	16,467	16,132	12,569	16,894	16,519	15,063	14,357	13,179
CSII-13: Emergency bed day rate for adults (per 100,000 population)	117,478	114,166	136,661	120,584	149,356	116,683	157,025	128,649	136,430
CSII-14: Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges)	104	115	110	127	112	105	92	92	98
CSII-15: Proportion of last 6 months of life spent at home or in a community setting	88.6%	89.8%	88.5%	88.9%	87.8%	89.4%	88.5%	89.1%	88.2%
CSII-16: Falls rate per population aged 65+	22.7	20.2	26.4	31.3	22.2	21.3	23.4	23.0	28.5
CSII-17: Proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections	81.8%	74.8%	83.1%	80.0%	87.6%	83.3%	86.6%	92.8%	90.7%
CSII-18: Percentage of adults with intensive care needs receiving care at home*	62.1%	69.0%	65.1%	58.6%	62.6%	74.6%	65.9%	68.3%	58.3%
CSII-19: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	793	247	1,543	445	1,366	1,137	166	549	549
CSII-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.2%	25.0%	21.5%	23.7%	28.3%	20.3%	24.1%	21.8%	24.7%

*** Please note that 2019 calendar year figures have been applied for indicators: 11, 12, 13, 14, 15, 16 and 20 to eliminate the risk of comparing incomplete SMR01 data across different areas. Data reflecting 2019 was not available for indicator 18 at the time of reporting, therefore 2018 data has been applied. 2019/20 financial year data has been provided for indicators 17 and 19.**

The table above provides a comparison across the CSII within East Ayrshire's 'Family Group' of comparators developed by the Local Government Benchmarking Framework and the Improvement Service. The figures highlight that East Ayrshire has performed well in a number of areas including: emergency bed day rate for adults, proportion of last 6 months of life spent at home or in a community setting, falls rate for older people and delayed discharge for older people. However, the figures also highlight various areas which could be improved in East Ayrshire, such as: emergency admission rate, readmission within 28 days and the proportion of care services graded 'Good' (4) or better.

4. Our Performance 2019/20

Outcomes 1-3 :

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

Our Performance

- 92.7% of babies born at a healthy weight (target 91%)
- Percentage of P1 children with a healthy weight has declined slightly from 76.3% to 75.8%
- Consistently exceeded target for foster carer recruitment
- 99.3% of Social Enquiry Reports submitted by due date

Delivering our plan & What matters to you

The Home Link Team provide a range of support for children and families in East Ayrshire. Throughout 2019/20, significant progress was made across all 8 Education Groups within the Home Link Team, supporting a total of 656 children, young people and their families, with 438 of those families now no longer requiring Home Link support. Currently, a team of 10 Home Link Workers are supporting 195 children, young people and their families on a weekly basis. Two new Home Link Workers were also recruited to work across East Ayrshire, with a particular focus on supporting looked after children and young people.

Mother of daughter supported by the Home Link Team: *"I have a totally different girl now! She was terrified going to school before and every morning was a nightmare. She now loves going to school and gets upset if she has to take time off. Her confidence has grown and I no longer worry about her all day long"*

Social isolation and loneliness is experienced across the age spectrum for different reasons and this issue has been identified to have a significant impact on wellbeing in East Ayrshire. In 2019/20, the Alcohol and Drugs Partnership (ADP) Befriending Project supported a number of young people with a connection to some form of substance dependency who were feeling isolated and/or lonely. The case study below provides an example of the positive impact achieved by the project:

ADP Befriending Project case study: K, 15, had not been attending school due to anxiety, she was refusing to eat, had no friends or interests, was in an unhealthy relationship and initially refused to speak and interact with the project worker. The project worker spent some time in the home at the initial visit and noticed K had a strong bond with her dog. Taking this on board, it was anticipated that this interest could be used as a focus to build a more positive relationship with K. The project worker met with K weekly, where they took K's dog a walk and slowly but surely K started to chat and share some information about herself. K successfully applied for college and although she didn't manage to enrol in her desired course, K was offered a place in an alternative study.

During the reporting period, a technology enabled care (TEC) project was implemented in East Ayrshire to support children and young people in situations where out with authority care, education and / or secure care was being considered. TEC was offered alongside Self Directed Support (SDS) to 'think differently' in providing person-centred support for children and young people during periods of delicate transition. This has included using Option 1 to purchase technology from mainstream providers, which in some cases avoided the need for further social care supports.

This approach empowered young people to become more independent whilst keeping safe, in addition to achieving positive health and wellbeing outcomes through utilising mainstream technological solutions such as fitness activity trackers, mobile phone subscriptions, mental health apps and smart watches with a location function for emergencies.

Outcome 4:

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

Our Performance

- 92% of adults able to look after their health very or quite well

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	92%	94%	92%	Not available*
Scotland	94%	94%	93%	Not available*
HSCPs in Scotland range from 90% to 96%				Not available*

*Results from 2019/20 Health & Care Experience Survey not available at the time of reporting.

- People aged 16+ who are current smokers down to 17%
- Alcohol-related hospital stays increased slightly from 658 to 666 per 100,000 population
- 2018/19 Drug-related hospital stays figure was not available at time of reporting. 2017/18 figure = 344
- 94.6% of people start drug/alcohol treatment within 3 weeks

Delivering our plan & What matters to you

The Community Connector team of eight Connectors, three Community Support Assistants and one Technology Enabled Care Connector continue to work across East Ayrshire, aligned to GP Practices and their multidisciplinary teams, to support people who live in complex and challenging circumstances, in a person-centred way, based on their needs, views and goals. During the reporting period, there were 1,037 referrals to the Community Connectors, indicating a considerably further reach than in previous years. The main reasons for involvement with the Community Connectors over this period has continued to be social isolation, social activities and financial hardship in relation to welfare benefits.

Community Connector service user:
"[The Connector] really helped us. We wouldn't have known where to go and what to do without the Community Connector, I also wasn't in the frame of mind to deal with it. We are really happy we are now getting the specialist help we need"

In May 2019, the Alcohol and Drugs Partnership (ADP) employed a Recovery Coordinator through the Kilmarnock Heritage Railway Trust to support and develop peer led recovery in a structured and coordinated way. Subsequently, the Patchwork recovery community has increased its activity and now provides support to vulnerable drug and alcohol users via a Saturday drop in, in addition to the peer led recovery activity. Patchwork are now working with the Recovery Coordinator towards charitable status. A peer led recovery group was also established in Cumnock and the ADP provided funding to further develop the group.

In 2019/20, Recovery Enterprises Scotland established the Community Recovery Café which supports volunteers in recovery to develop skills within hospitality. The Recovery Network was also developed which brings together all community groups, 12 step fellowship groups and drug and alcohol services to promote recovery activity across East Ayrshire. The increase in recovery activity throughout 2019/20 has led to a higher visibility of recovery support in East Ayrshire and seeks to encourage those individuals still actively using drugs via peer support to reduce/eliminate illegal drug use. More individuals have been supported in their recovery journey and to become active members in their community.

Outcome 5:

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

Our Performance

- 80% of adults supported to live as independently as possible

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	88%	88%	80%	Not available*
Scotland	84%	84%	81%	Not available*
HSCPs in Scotland range from 72% to 100%				Not available*

*Results from 2019/20 Health & Care Experience Survey not available at the time of reporting.

- Bed days lost to delayed discharge declined from 5,038 to 3,701
- Emergency admission rate declined from 16,246 to 15,803 per 100,000 population
- Emergency bed day rate down from 120,198 to 111,796 per 100,000 population
- Readmission to hospital within 28 days remained relatively static at 11.3%
- 89.6% of people's last 6 months of life spent in a community setting
- Older people aged 65+ who live in housing rather than a care home or hospital up to 97.4%
- Bed days per 10,000 population for key long term conditions (asthma, COPD, heart failure, diabetes) reduced from 8,904 to 7,807

Delivering our plan & What matters to you

Mpower is an NHS Ayrshire & Arran programme which provides support to people aged over 65 living with long-term conditions to: enable people to live well, safely and independently in their own homes, support self-management of their care in their community and to reduce social isolation and loneliness. Between April 2019-March 2020, Community Navigators worked with beneficiaries to produce 29 Wellbeing Plans with East Ayrshire residents. Each Wellbeing Plan was person-centred with specific goals and outcomes. A Community Navigator helped an individual to regain her confidence and return to the Age Concern Hurlford group after she had experienced a hospital admission due to a fall. Another person was able to download the NHS Ayrshire and Arran Mental Health app on to their mobile phone with the help of the Community Navigator and now uses this to access tips to manage their mental health condition.

Beneficiaries have reported increased confidence and reduced social isolation and loneliness. The programme has empowered older people to take control of their health and circumstances by remaining safe and independent at home for as long as possible, which consequently reduces unnecessary GP visits and hospital admissions.

Since March 2018, Social Workers and Care Managers within Learning Disability services have been working alongside supported people, their families, care providers and the Overnight Care Project co-ordinators to redesign the way overnight care is delivered to those with complex needs in East Ayrshire. Through a process of close working with individuals, person-centred planning and the creation of new technology-enabled responder services, a number of individuals have been supported to live more independently at home.

Throughout 2019/20, the review process was completed in several areas and three new overnight care responder services were commissioned in Hurlford, Altonhill and Longpark. The redesign work in these areas has allowed for the provision of overnight care for sixteen individuals to be delivered in a different way, with some no longer relying on a traditional 'sleepover' service in their homes and are instead supported by innovative technology and shared supports.

Parent of service user:
"I never imagined my son would cope without his sleepover, but he's doing brilliantly, and has proved what he's capable of"

Over this period, a number of people in receipt of the redesigned support have gained increased independence and control over their own lives, demonstrating what they can achieve with less reliance on traditional services. Reported benefits to service users have included less disturbed sleep, quicker identification of health problems, increased confidence and a sense of empowerment.

Outcome 6:

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

Our Performance

74% of adults supported at home agree they had a say in how their help, care or support was provided

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	87%	79%	74%	Not available*
Scotland	83%	79%	76%	Not available*
HSCPs in Scotland range from 64 to 86%				Not available*

81% of adults receiving care or support rate it as good or excellent

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	87%	86%	81%	Not available*
Scotland	84%	81%	80%	Not available*
HSCPs in Scotland range from 72 to 100%				Not available*

76% of people had a positive experience of GP-provided care

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	85%	83%	76%	Not available*
Scotland	87%	87%	83%	Not available*
HSCPs in Scotland range from 75 to 94%				Not available*

*Results from 2019/20 Health & Care Experience Survey not available at the time of reporting.

Delivering our plan & What matters to you

During the reporting period, East Ayrshire Advocacy Services continued to provide bespoke independent advocacy to support vulnerable people in our communities access appropriate services and to be involved in decisions affecting their lives by making their views known and reflected. In 2019/20, additional funding was provided by the Scottish Government to extend advocacy services for children and young people in the Children's Hearing system.

EA Advocacy service user:
"Through support from advocacy, I finally got discharged to my own home with a care package in place"

The East Ayrshire Technology Enabled Care (TEC) Pathfinder Programme was established in 2019/20 with the aim of utilising TEC as a key enabler to transform support for people aged 65 and over and people with long term conditions living in the Irvine Valley. The project team incorporated a range of relevant experience, including clinical, digital, data and third sector leads. The programme adopted the Scottish Approach to Service Design in its first year to deliver a number of community consultation events to gather the views of Irvine Valley's community in relation to living in the area and current service provision / availability.

A TEC Hub was also developed in partnership within the Developing Opportunities Together Hub in Newmilns, which will deliver 'Digital drop-ins' for residents to learn about services available to them, in addition to providing help with everyday technology devices. Going forward, the next phase of the project will develop proposals for improving the health and wellbeing of residents based on research and feedback gathered from the local community engagement.

Outcome 7:

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

Our Performance

77% of adults supported at home agree their support is improving or maintaining their quality of life

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	88%	85%	77%	Not available*
Scotland	85%	84%	80%	Not available*
HSCPs in Scotland range from 71 to 97%				Not available*

*Results from 2019/20 Health & Care Experience Survey not available at the time of reporting.

75% of care services graded "good" or better

	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
East Ayrshire	84%	84%	83%	81%	65%	75%
Scotland	84%	81%	80%	85%	82%	82%
HSCPs in Scotland range from 74 to 97%						

Delivering our plan & What matters to you

Andrew Nisbet Place, Hurlford, was built as part of the Strategic Housing Investment Plan 2019-24 and was officially opened on 5 November 2019. Andrew Nisbet Place provides 13 assisted living homes in addition to a care provider's base and is located adjacent to the Hurlford Community Centre. The homes are designed to support people with a range of disabilities to live independently and safely in their own homes with the support of an on-site care provider, The Richmond Fellowship Scotland. The build benefits from being Housing for Varying Needs and Secure by Design compliant, as well as meeting the Silver Standard.

The living space is bright, energy efficient and incorporates specially designed features including wet rooms and rise and fall kitchen worktops in the wheelchair accessible ground floor flats. The building has a lift, power assisted doors and a welcoming entry. All of the flats can be accessed from an internal street that has been designed to face onto the residents' private, enclosed garden.

We have continued to work towards our priority of scaling up prevention and early intervention activity throughout 2019/20 alongside key partners. Over the last year, the Lifestyle Development and Community Wellbeing Team supported individuals with long term conditions, including those: at risk of falls, who have had a cardiac event, who are recovering from a stroke, have diabetes, weight management issues or mild to moderate mental health problems.

A programme of classes, walking groups and support groups are available following participation in an Activity on Prescription consultation. Throughout 2019/20, 451 referrals were received by the Activity on Prescription scheme from a range of health professionals and key partners and 13,476 attendances were recorded across Vibrant Communities' programme of activities, with measurements consistantly showing improvements in participants' balance, confidence and activity levels.

Support group participant: *"Less pain, better sleep, better breathing, more flexibility"*

Outcome 8:

- Health and Social Care Services contribute to reducing health inequalities

Our Performance

- Premature mortality rate was not available for 2019/20, 2018/19 = 482 per 100,000 population
- On target for improving both male and female life expectancy
- Rate of early death from cancers down from 161 to 160 per 100,000 population

Delivering our plan & What matters to you

The Financial Inclusion Team, together with its partners, has continued to support East Ayrshire residents with money advice and to achieve financial gains over the last year. During 2019/20, the EA Money Team assisted with 2,458 referrals, an increase of 174 from the previous year, achieving additional benefit income totalling £3,819,743 on behalf of service users in East Ayrshire. Over this period, the In Court Advice project also supported 405 tenants with rent arrears totalling £297,582.38 and the Macmillan project generated financial gains of £466,433 for people living with cancer in East Ayrshire. The total financial gains made on behalf of service users dating from November 2013 now stands at £28,092.299.

£4.6 million financial gains in 2019/20
£28.1 million since November 2013

Gypsy Travellers often experience health inequalities due to various challenges in accessing primary care services, including registration (requiring proof of identity and address), limited literacy skills, fear of discrimination (resulting in non-engagement) and an over reliance on emergency services. East Ayrshire was the first Scottish local authority in 2019 to pilot 'Negotiated Stopping Places', an initiative which offers an alternative to the traditional enforcement-based approach to Unauthorised Encampments. The purpose of the initiative is to enable Gypsy/Travellers to occupy a space for an agreed limited period of time and whilst adhering to a code of conduct, the encampment is provided with basic facilities such as water, toilet facilities and domestic refuse uplift.

Negotiated Stopping Places removes feelings of stress due to fear of eviction and creates an opportunity for health and other key services to engage with families on the encampment, providing a direct route of access to important supports which otherwise may not have been accessed.

Outcome 9:

- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Our Performance

- 36% of carers feel supported to continue to care

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	48%	51%	36%	Not available*
Scotland	45%	41%	37%	Not available*
HSCPs in Scotland range from 32 to 47%				Not available*

*Results from 2019/20 Health & Care Experience Survey not available at the time of reporting.

Delivering our plan & What matters to you

Supporting unpaid carers in their caring role and to look after their own health and wellbeing remains a key priority for the Partnership and working alongside local third sector organisations was integral to delivering this in 2019/20. The importance of supporting carers is outlined in our local Carers Strategy, *Recognising and Supporting Our Carers 2018-21*, which focuses on the following areas: raising awareness of the role of carers in local communities, supporting East Ayrshire Council and NHS Ayrshire and Arran to be 'carer aware' and developing a Young Carers Statement for young carers.

The East Ayrshire Carers Centre is a key partner which delivered a range of assistance for both adult and young carers throughout 2019/20. Supports provided were wide ranging and included: Carers Support Plans / Statements, various support / activity groups, training, resilience aid, respite breaks, financial advice / support, employability assistance and day trips.

Supported carer: *"I'm so thankful for young carers every single day…I wouldn't be the woman I am today without all your support through school, college and uni"*

The support provided has delivered a number of positive outcomes including: reduced feelings of isolation, made carers feel appreciated, increased household income, improved relationships, increased confidence and resilience, improved mental wellbeing and providing space to help "have a life" alongside caring.

Throughout 2019/20, Ayrshire Cancer Support delivered a range of local programmes to support people affected by cancer, including unpaid carers. This included the provision of: 396 Reiki training sessions, 1,248 Level 3 psychological support / counselling sessions, 350 Capacitar sessions and supporting 5,787 drop in clients over the last year. The sessions were found to provide a number of benefits for participants including reduced anxiety and stress, increased confidence and improved physical wellbeing.

Supported carer: *"I feel totally transformed in myself and how I view myself. Although not free from life's challenges or illness of a loved one. I*

Outcome 10:

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

Our Performance

- 77% of adults supported at home feel safe

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	85%	88%	77%	Not available*
Scotland	85%	84%	83%	Not available*
HSCPs range from 83 to 98%				Not available*

*Results from 2019/20 Health & Care Experience Survey not available at the time of reporting.

- Falls rate has declined from 22 to 18 per 1,000 population

Delivering our plan & What matters to you

All public protection matters in East Ayrshire are overseen by a Chief Officers Group, including the work of the Alcohol and Drugs Partnership (ADP), Child Protection Committee (CPC), the Adult Protection Committee (APC), the Public Protection and Learning Unit, the Violence against Women Partnership (VAWP) and the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group.

East Ayrshire, like other areas across Scotland has experienced a continued rise in drug related deaths in recent years. The number of drug related deaths in East Ayrshire throughout 2019 was not available at the time of producing this report, however trends from previous years indicate that drug related deaths in East Ayrshire mainly occur in males aged 35-44 and are often a result of a combination of drugs and/or additional health conditions and complications. A local substance related death group met regularly throughout 2019/20 to examine the circumstances surrounding each death in order to identify patterns and trends.

Naloxone is a medication that acts as an anti-opiod which temporarily reverses the effects of an overdose. Naloxone kits and opiod substitutes have been distributed to those in need in East Ayrshire throughout 2019/20, with a total of 249 Take Home Naloxone ("THNs") kits distributed and at least eleven lives saved by naloxone kit use over this period. More recently, despite the severe disruption caused by Covid-19, THN kits have continued to be supplied to those with opiod use issues.

249 Naloxone kits distributed

Saving at least 11 lives

Throughout the reporting period, Connect Calls has been working to reduce social isolation and loneliness and to maintain safety for 147 clients of all ages (March 2020), performing 158 calls per week. Ten different partners refer into Connect Calls and any new clients are contacted as soon as possible after the referral is received. In addition to the befriending and signposting service, a weekly 'Brew and a Blether' group has been delivered in Kilmarnock, Stewarton and Newmilns over the last year to provide additional support to some of the more isolated members of the group.

Connect Calls case study: Jessie is an 89-year-old lady who has poor mobility and uses a zimmer frame. As a very determined lady, Jessie likes to get out and about most days of the week for a walk around local charity shops. Jessie lives alone and has a disabled son who lives around ten miles away, he is able to visit her once a month and helps his mum get along to the supermarket for her 'big shop'. Jessie is estranged from her daughter. Jessie first accessed Connect Calls just over a year ago and she revealed to volunteers that she was heartbroken over how her daughter treated her. Jessie was difficult to engage with and was very distrustful of everyone, our volunteers continued to reach out to her by telephone twice weekly and eventually Jessie connected with them. We persuaded Jessie to come along to a tea dance, we picked her up and brought her along where she was seated beside the volunteers who call her. Jessie said that had "the best time of my life" at the tea dance and she lived out on the experience with every call we had with her for several weeks.

The East Ayrshire Violence Against Women Partnership (EAVAWP) continues to work to achieve the outcomes set out in the national Equally Safe strategy for preventing and eradicating violence against women and girls. Partners within EAVAWP including Women's Aid, Barnardos, Break the Silence, the STAR Centre and Victim Support continued to deliver a range of supports during the reporting period, such as: awareness-raising, information and advice, activities, peer support, advocacy, person-centred individual counselling, telephone counselling, drop in sessions, group work, training and refuge accommodation. In addition, a number of events took place in November 2019 as part of the 16 days of Action Campaign, including a pan-Ayrshire gender-based violence conference on 29 November 2019, where delegates were given an opportunity to attend workshops highlighting some of the key issues relating to gender-based violence in the modern world.

The East Ayrshire Domestic Abuse Policy was officially launched on 22nd August 2019, which sets out the Council's commitment to assist anyone in East Ayrshire who is experiencing domestic abuse. The policy was developed reflecting the Domestic Abuse (Scotland) Act 2018 and the recommendations made in *Equally Safe – Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls*, promoting equality, diversity and inclusiveness, in addition to endorsing partnership working to tackle the root causes of domestic abuse in East Ayrshire.

Outcome 11:

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

Our Performance

- 62% of staff would recommend their workplace as good[1]

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	66%	62%	Not available	Not available
Scotland	Not available			

- 66.3% of personal carers qualified to SSSC standards.

Delivering our plan & What matters to you

Our Workforce Support and Development Plan 2018-21 details our ambition to have the right people with the right skills in the right place at the right time. Our most recent local evidence in 2018 indicates that 76% of the Partnership's workforce would recommend the organisation as a good place to work.

As we strive to become an employer of choice, what matters to our workforce matters to the Partnership. Local surveys including iMatter and the EAC Employee Survey are distributed periodically to allow us to understand how our workforce feel about their role, their department, the organisation and the people leading it. It is important for us to understand and reflect on what we do well, however it is also vital to identify areas where we could improve to ensure we attract and retain the best possible workforce.

East Ayrshire has participated in 'What Matters to You?' since 2016. Building on previous activity, a more coordinated approach was adopted in 2019, including a common communications approach across the three Ayrshire HSCPs and NHS Ayrshire and Arran, a shared focus on messages around 'you matter to us' targeted at employees and a shared commitment to the 'Ask, Listen, Do' ethos. 'What Matters to You' Day 2019 took place on 6th June and as part of encouraging positive changes across all levels of service delivery, an employee survey was distributed and completed by 82 employees and a number of themes were apparent in the responses.

What Matters to You survey employee response: *"Openness; honesty; clarity of and direct communication; humour/banter; good, effective teamwork; tolerance; true supportive colleagues; hard work; focus on and commitment to individual patient care; good coffee!"*

[1] Indicator within Core Suite continues to be under development. NHS Ayrshire and Arran figure previously reported.

The fifth annual Local Conversation event took place in New Farm Loch on the 8th of November 2019, inviting local residents, community representatives, employees and partners to come together and discuss what we can do together to make a positive difference to health and wellbeing in East Ayrshire. The event received an excellent attendance and a number of useful learning points were captured for consideration going forward.

Our Care at Home service is an example of our ongoing commitment to ensuring our workforce is sufficiently skilled. We continue to maintain links with our local college to ensure our Care at Home workforce achieve the necessary qualification to meet SSSC registration requirements and to provide a safe and effective service. We also continue to invest in our future workforce by providing student placements in our Care at Home service, which supports our local community to achieve qualifications and to potentially gain employment within our team. This career pathway investment approach continues to be explored in other areas of the Partnership workforce.

The Partnership has embedded arrangements to effectively handle and learn from complaints to inform our continuous improvement. Lessons learned during the reporting period based on individual complainant case studies and from wider feedback on the complaints process have contributed towards service improvement relating to the clarification of processes and changes to work practices.

Outcome 12:

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

Our Performance

- 74% of adults supported at home agree their health and care services seem well co-ordinated

	Baseline	Year 1/2	Year 3/4	Year 5/6
East Ayrshire	84%	81%	74%	Not available*
Scotland	79%	75%	74%	Not available*
HSCPs in Scotland range from 83 to 98%				Not available*

*Results from 2019/20 Health & Care Experience Survey not available at the time of reporting.

- Proportion of health and social care resource spent on hospital stays as a result of an emergency down from 27% to 24%

Delivering our plan & What matters to you:

The Partnership continues to strategically invest in key areas which contribute towards reducing demand, sustainable models of care and effective service delivery, in line with our early intervention and prevention ambitions and in contributing towards the triple aim of 'better health, better value, better care'.

During the reporting period, the Partnership commissioned the CM2000 electronic monitoring system, a management software platform which supports the delivery of care. Since going live, a number of benefits have been highlighted within the Care at Home service. Home Care Managers can monitor service delivery in real time through the system, allowing them to identify if a service user requires either an additional or reduced level of involvement, which contributes towards meeting outcomes and resource efficiency. CM2000 also provides various operational and logistical advantages for managers, including identifying staff who have capacity to undertake additional visits, timely delivery of key information to frontline staff (via smartphones), aiding continuity of care for service users, setting timescale tolerances for visits and real time alerts to avoid missed visits for service users.

CM2000 case study: We had a call where a service user's daughter phoned in to advise the Home Care Manager that she suspected carers were visiting her mother much earlier in the evening and for less time than she would want. The Home Care Manager checked the CM2000 system and the data could demonstrate the service user received a visit every evening at 9pm and that the staff were spending additional time than had been allocated, therefore we could confidently say we were not upholding her complaint and the service user's care plan was adjusted to meet changing need.

The Partnership commissioned a new Social Work Management Information System from Liquidlogic in August 2018 and following a period of implementation, the system was fully operational in March 2020. The system comprises Community Care, Children and Families and Finance platforms and is integral for the management and storage of personal records for individuals who are in contact with social work services in East Ayrshire. Since going live, a number of benefits have been reported by users of the system, including reducing recording time, avoiding duplication and improving recording accuracy. From an operational perspective, the system has also allowed workloads to be managed more effectively and efficiently, enabling a better use of frontline worker time.

The Partnership's three-year programme of Best Value Service Reviews commenced in 2019. This process aims to ensure service improvement by identifying more effective and efficient ways of delivering services through a person-centred approach based on collaborative design principles. Several reviews were underway during the reporting period, however progress was impacted by Covid-19 related pressures. The IJB Finance Best Value Service Review was completed prior to the pandemic and a number of improvement actions and outcomes were identified, including: implementing a new service delivery model, streamlining and automating processes, real time reporting and ongoing consultation with service users and providers.

The Enhanced Intermediate Care Team was established in November 2018 and delivers an enhanced seven-day, community based Intermediate Care and Rehabilitation service which has continued to strengthen the ability of the Intermediate Care Team (ICT) to prevent hospital admission / readmission and delayed discharge. This Ayrshire service, provided through investment from NHS Ayrshire and Arran, continues to shift the balance of care towards the community setting. Throughout 2019/20, more than 750 admissions were prevented through the actions of the integrated multidisciplinary team, including 144 through the Advanced Nurse Practitioners training within GP practice.

Family member of ICT service user: *"The care and support the ICT carers have provided to (my mother) was "excellent". She was apprehensive about receiving care and feels she built up a good relationship with the carers"*

Outcomes 13- 15:

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

Our Performance

- Continue to exceed target for Social Enquiry Report submission (99.3%)

Delivering our plan & What matters to you:

All public protection matters in East Ayrshire are overseen by a Chief Officers Group, including the work of the Child Protection Committee, the Public Protection and Learning Unit, the Adult Protection Committee, the Violence against Women Partnership and the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group.

Criminal Justice Social Work services within the Partnership continue to demonstrate strong performance in relation to the submission of reports to the Court within timescales, with a performance of 99.3% in 2019/20.

A pre-liberation programme was developed and implemented at HMP Kilmarnock during 2019/20 with an aim of providing prisoners who are nearing liberation back into the community with information which will support with their transition. A number of partners worked together to provide a rolling four week programme which covered a wide range of topics that were identified as important to prisoners. Information was delivered in person with subjects including: housing, medicine management, home fire safety, drug and alcohol awareness, various health improvement topics and support with financial matters.

Pre-liberation Programme participant: *"Open for conversation and it was very informative"*

A lack of suitable housing has been identified as a key factor for reoffending in East Ayrshire. During 2019/20, 49 homeless people's application interviews were held with prisoners at HMP Kilmarnock who would be homeless upon liberation. The completion of a homeless person's application at the earliest opportunity expedites the rehousing process and allows for better future planning on release for people. Access is gained to the Single East Ayrshire Register for Community Housing 6 weeks prior to liberation, which reduces time spent within temporary accommodation and has been found to reduce reoffending. A number of applicants received a tenancy offer prior to liberation, which impacted positively in applying for welfare benefits, the GP registration process and assistance with furniture provision.

During the reporting period, a number of diversionary activities were delivered throughout East Ayrshire, with the aim of addressing anti-social behaviour issues and incidents which were reported by Police Scotland. Local programmes delivered included: Premier Night Leagues (football scheme ran on Friday evenings), Streetsport Cages (activities in multi-use gaming areas) and the provision of sporting equipment and outreach work at weekends through the Young Action Team. The total number of attendances for diversionary activities throughout 2019/20 (prior to ceasing due to Covid-19) was 8,611.

Throughout 2019/20, the Scottish Fire and Rescue Service delivered a 'Fire Reach' project to a number of secondary school pupils across East Ayrshire. Fire Reach was a five day course delivered at Kilmarnock Community Fire Station, which gave pupils an opportunity to participate in fire service drills, scenarios and basic life support training. The project taught about respect, teamwork, leadership and discipline, in addition to providing young people with transferable and potentially life-saving skills, which may prove vital in future situations.

5. Integration Joint Board - Governance and Decision Making

Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations sets out the membership of the IJB. East Ayrshire Integration Joint Board has benefited from continuity of membership nominated by the two integration partners; East Ayrshire Council and NHS Board Ayrshire and Arran.

The voting members of the IJB are appointed through nomination by NHS Ayrshire and Arran and East Ayrshire Council. The first Chair had been appointed for the first two years of the IJB from 2015 until the Local Government Elections May 2017. Subsequently the IJB Chair and Vice Chair post holders are appointed for a period, not exceeding three years and alternate every three years between a Health Board and a Council representative.

The IJB at its meeting on 19 June 2019 formally approved the appointment of Mr. Michael Breen, NHS Ayrshire and Arran Non-executive Board Member as IJB Chair in succession to Councillor Douglas Reid. The IJB also approved the appointment of Councillor Douglas Reid as Vice Chair, with both appointments being effective from 19 June 2019. The vice Chair of the IJB also holds the position of Chair of the Strategic Planning and Wellbeing Group.

Stakeholder Forum

The IJB recognises the importance of the role and involvement of stakeholder representatives, in particular unpaid carers and people who use services. The IJB Stakeholder Forum has been working well over the last few years. The membership is open to individuals and representatives from Third Sector Forum, patient and community organisations and the Forum has benefited from a strong core and continuity of members.

The Forum nominates two representatives to join the IJB and wider governance committees. A core membership meets six weekly in advance of the IJB to consider and comment on the IJB agenda and to represent the views of both unpaid carers and people who use services at IJB and wider committees. The Forum are keen to continue to broaden their members by promoting what they do and are bringing forward areas of importance to the attendees and their representative organisations.

Directions/Decision Making

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

A Scottish Government Good Practice Note on Directions has been updated in collaboration with the work being carried out in Ayrshire and was issued in January 2020 to all Integration Joint Boards across Scotland.

Directions continue to be issued to integration parties by all three IJBs and details of all directions issued to East Ayrshire Council and NHS Ayrshire and Arran can be found here. A number of directions were given over 2019/20, including an extension to services, for example:

Alcohol and Drugs Partnership - issue a Direction to NHS Ayrshire & Arran and East Ayrshire Council to commission services in support of the Alcohol and Drugs Partnership Action Plan.	28 August 2019
Kinship Care & Adoption Allowance - issue a Direction East Ayrshire Council to implement the introduction of the Financial Assessment.	28 August 2019
Prison Health Care and Social Work Services - issue a Direction to NHS Ayrshire & Arran and East Ayrshire Council to implement the arrangements for the integration of Prison Health Care and Social Work Justice Teams.	28 August 2019
Caring for Ayrshire - issue a Direction to the NHS Ayrshire and Arran and East Ayrshire Council through the Director of Health and Social Care Partnership to implement the requirements of the Caring for Ayrshire Programme Implementation Document.	9 October 2019
MoU Ayrshire Hospice - issue a Direction to NHS Ayrshire and Arran in respect of any commissioning plans in recognition of the Memorandum of Understanding for palliative care services for East Ayrshire residents.	9 October 2019
Reprovision of Rowallan Ward Housing Model - issue a Direction to East Ayrshire Council not to proceed with the Housing Model option as part of the re-provision of services Rowallan Ward, Kirklandside Hospital, Kilmarnock.	29 January 2020
Annual Budget 2020/2021 – issue a Direction to both NHS Ayrshire & Arran and East Ayrshire Council to deliver services on behalf of the IJB within the £292.210m delegated resource in line with strategic planning priorities, following further refinement of allocations across service areas.	25 March 2020

6. Financial Performance

IJBs are specified in legislation as 'section 106' bodies under the terms of the Local Government (Scotland) Act 1973 and are required to prepare Financial Statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment. The Local Authority (Scotland) Accounts Advisory Committee (LASAAC) issued updated Additional Guidance for the Integration of Health and Social Care in March 2019 to support consistency of treatment and the appropriate implementation of financial reporting for integration. Regulations and statutory provisions require the IJB or a relevant committee to consider unaudited accounts prior to the end of August following the close of the financial year. Subsequently, the independently audited accounts must be signed-off by the end of September and published by the end of October.

As part of our reporting arrangements, audited accounts are presented to the IJB Audit and Performance Committee in August each year for final approval, which are then reported onwards to the IJB before submission to the Council and Health Board. It was anticipated that the 2019/20 unaudited Annual Accounts would be presented for approval to the IJB on 17 June 2020 in line with previous years, however due to conflicting pressures, mainly related to Covid-19 mobilisation planning and the associated impact on reporting timescales, it was not possible to finalise detailed unaudited accounts and audit working papers to meet the lodgement deadline for this meeting.

The net cost of provision of services in 2019/20 was £242.957m, reflecting the significant size and complexity of the organisation. An underspend of £3.884m was achieved over this period, comprised of £2.220m on Council commissioned services and £1.664m on NHS commissioned services respectively. However, the £3.884m underspend is offset by the partial repayment of additional funding delegated to the IJB by East Ayrshire Council in 2017/18 (£0.964m). This repayment reduces the underspend to £2.920m and is partially offset by an adjustment of £0.512m in respect of the Partnership's share of services managed on a pan-Ayrshire basis under Lead Partnership arrangements.

The £2.408m net underspend for 2019/20 has been earmarked for various commitments in future financial years, including client equipment and adaptations, adult care packages, Intermediate Care and Reablement, Primary Care Improvement Fund and Mental Health Action 15. This results in an overall balanced position for 2019/20.

The 2019/20 Approved Budget report outlined significant risks and budget pressures going forward into the 2019/20 financial year, particularly in relation to increasing demand across services influenced by continued demographic change and achieving efficiency savings.

Throughout 2019/20, the Partnership mitigated these risks through a combination of demand management and taking forward the transformational change programme through the Strategic Commissioning Board. This work incorporated the monitoring and review of key demand drivers and unplanned activity changes, in addition to the associated impact on future costs to identify mitigating actions, including front door service reviews and ongoing review of care packages. Continuous monitoring and review is an element of transformational change and regular updates were reported to the IJB and Audit and Performance Committee throughout 2019/20, including progress reporting against approved efficiency savings and improved reporting in regards to budgets managed under lead partnership / hosted services arrangements across the three Ayrshire IJBs.

Effective financial management and medium term financial planning has also allowed the IJB to alleviate budget pressures, successfully deliver outcomes and manage its financial affairs alongside parent organisations within an increasingly challenging financial and operational environment over the course of 2019/20. Throughout this period, the Partnership has overseen the successful delivery of all core services while implementing a significant change programme designed to provide more person-centred models of care, deliver on early intervention and prevention priorities and achieve efficiencies.

The annual Financial Management Report indicates that the IJB has achieved an overall balanced position for 2019/20, after absorbing additional cost and volume pressures, in addition to delivering further cash releasing efficiency savings. This favourable position reflects the progress achieved by the Transformational Change Programme taken forward through the Strategic Commissioning Board, in addition to the collective efforts of service managers, directorate management teams and Finance staff in maintaining sustainable financial management processes throughout 2019/20.

The 2018/19 Audited Annual Accounts were approved by the IJB on 28 August 2019 and it was agreed that £1.201m of 2018/19 uncommitted balances would be retained for future transformation purposes. Service reconfiguration / transformation work is being taken forward through the Strategic Commissioning Board which provides oversight and direction of the transformation programme. The programme of work includes a series of best value service reviews, implementation of the 'Front Door Service', implementation of a new care management system (Liquidlogic) with finance module (ContrOCC) and implementation of the care at home electronic scheduling and monitoring system (CM2000). The transformation programme will continue to be progressed throughout 2020/21, with expenditure and commitments against the £2.201m transformation fund totalling £1.558m. The remaining balance will be deployed to business cases which justify short term investment to design more cost effective service models.

Financial Performance by Service

The following table highlights financial performance by Partnership service portfolio for 2016/17 to 2019/20:

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
Core Services												
Learning Disabilities	18.076	18.327	0.251	18.349	18.524	0.175	18.960	19.529	0.569	22.193	21.746	(0.447)
Mental Health	5.473	5.415	(0.058)	5.581	5.728	0.147	6.325	6.143	(0.182)	6.810	6.341	(0.469)
Addiction	1.867	1.839	(0.028)	2.033	1.967	(0.066)	1.992	1.866	(0.126)	2.051	1.953	(0.098)
Adult Support & Protection	0.375	0.375	0.000	0.186	0.186	0.000	0.142	0.142	0.000	0.143	0.127	(0.016)
Older People	37.477	38.113	0.636	36.807	37.419	0.612	39.560	39.115	(0.445)	40.163	40.082	(0.081)
Physical Disabilities	2.400	1.943	(0.457)	2.446	1.926	(0.520)	2.509	1.658	(0.851)	2.762	2.289	(0.473)
Sensory	0.179	0.163	(0.016)	0.180	0.172	(0.008)	0.185	0.167	(0.018)	0.175	0.176	0.001

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
Service Strategy	6.011	5.855	(0.156)	7.247	6.917	(0.330)	6.500	6.526	0.026	7.175	6.695	(0.479)
Transport	0.457	0.457	0.000	0.462	0.462	0.000	0.470	0.470	0.000	0.473	0.473	0.000
Health Improvement	0.222	0.222	0.000	0.275	0.264	(0.011)	0.283	0.283	0.000	0.260	0.278	0.018
Community Nursing	3.811	4.016	0.205	3.697	4.187	0.490	3.836	3.968	0.132	3.906	4.350	0.444
Prescribing	26.185	26.185	0.000	26.947	26.947	0.000	26.493	26.493	0.000	27.696	27.696	0.000
General Medical Services	15.440	15.115	(0.325)	15.481	15.362	(0.119)	15.481	15.404	(0.077)	16.959	16.805	(0.154)
Allied Health Professions	0.000	0.000	0.000	0.000	0.000	0.000	10.087	9.987	(0.100)	11.379	11.258	(0.121)
Intermediate Care and Reablement	0.000	0.000	0.000	0.000	0.000	0.000	0.635	0.696	0.061	0.935	1.275	0.340

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
Integrated Care Fund	2.470	2.470	0.000	2.470	2.470	0.000	2.057	1.663	(0.394)			
	120.443	**120.495**	**0.052**	**122.161**	**122.531**	**0.370**	**135.515**	**134.110**	**(1.405)**	**143.08**	**141.544**	**(1.536)**
Non District General Hospitals												
East Ayrshire Community Hospital	2.889	2.898	0.009	2.960	2.933	(0.027)	3.078	2.980	(0.098)	3.302	3.178	(0.124)
Kirklandside Hospital	1.189	1.194	0.005	1.002	0.889	(0.113)	1.029	0.808	(0.221)	1.258	0.815	(0.443)
	4.078	**4.092**	**0.014**	**3.962**	**3.822**	**(0.140)**	**4.107**	**3.788**	**(0.319)**	**4.560**	**3.993**	**(0.567)**
Lead Partnership (hosted services)												
Standby Services	0.243	0.243	0.000	0.236	0.236	0.000	0.258	0.258	0.000	0.276	0.258	(0.018)
Primary Care (incl. Dental)	65.054	65.054	0.000	67.975	67.873	(0.102)	77.742	77.746	0.004	78.394	77.503	(0.891)

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
Prison & Police Healthcare	2.827	2.806	(0.021)	3.007	2.953	(0.054)	3.069	2.959	(0.110)	3.217	3.075	(0.142)
War Pensioner	1.224	1.225	0.001	1.224	1.224	0.000	1.424	1.424	0.000	1.424	1.424	0.000
Other Lead Services	0.071	0.091	0.020	0.088	0.063	(0.025)	0.178	0.155	(0.023)	0.126	0.109	(0.017)
	69.419	**69.419**	**0.000**	**72.530**	**72.349**	**(0.181)**	**82.671**	**82.542**	**(0.129)**	**83.437**	**82.369**	**(1.068)**
Children's Services												
Children & Families / Women's Services	18.447	17.829	(0.618)	18.281	17.563	(0.718)	17.764	17.232	(0.532)	17.990	17.741	(0.249)
Secure Accommodation /Outwith Placements	4.120	4.957	0.837	4.041	6.232	2.191	4.891	5.059	0.168	5.070	4.862	(0.208)

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
Justice Services	2.018	2.105	0.087	2.060	2.084	0.024	2.217	2.200	(0.017)	2.297	2.257	(0.040)
Health Visiting	2.182	2.271	0.089	2.752	2.910	0.158	2.867	2.888	0.021	3.303	3.180	(0.123)
	26.767	**27.162**	**0.395**	**27.134**	**28.789**	**1.655**	**27.739**	**27.379**	**(0.360)**	**28.660**	**28.040**	**(0.620)**
Funded Elements												
Justice Services Grant	(2.292)	(2.413)	(0.121)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	(2.292)	**(2.413)**	**(0.121)**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**
Additional Funding												
Non-recurring allocation of funds – EAC	0.658	0.000	(0.658)	2.205	0.000	(2.205)	0.000	0.000	0.000	(0.964)	0.000	0.964
	0.658	**0.000**	**(0.658)**	**2.205**	**0.000**	**(2.205)**	**0.000**	**0.000**	**0.000**	**(0.964)**	**0.000**	**0.964**

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
DIRECTLY MANAGED SERVICES – TOTAL EXPENDITURE	**219.073**	**218.755**	**(0.318)**	**227.992**	**227.491**	**(0.501)**	**250.032**	**247.819**	**(2.213)**	**259.174**	**256.254**	**(2.920)**
Underspend relating to EAC – retained by IJB	0.000	0.000	0.000	0.000	0.050	0.050	0.000	0.611	0.611	0.000	0.000	0.000
Underspend relating to EAC – earmarked by IJB	0.000	0.318	0.318	0.000	0.451	0.451	0.000	1.013	1.013	0.000	1.256	1.256
Underspend relating to NHS A & A – retained by IJB	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.589	0.589	0.000	0.000	0.000

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
Underspend relating to NHS A&A – earmarked by IJB										0.000	0.925	0.925
DIRECTLY MANAGED SERVICES – NET EXPENDITURE	**219.073**	**219.073**	**0.000**	**227.992**	**227.992**	**0.000**	**250.032**	**250.032**	**0.000**	**259.174**	**258.435**	**(0.739)**
Hosted services adjustments												
Recharges out	(47.040)	(47.040)	0.000	(48.533)	(48.533)	0.000	(55.328)	(55.367)	(0.039)	(54.232)	(53.577)	0.655
Recharges in	19.784	19.784	0.000	19.501	19.501	0.000	15.872	15.573	(0.299)	16.399	16.256	(0.143)
	(27.256)	**(27.256)**	**0.000**	**(29.032)**	**(29.032)**	**0.000**	**(39.456)**	**(39.794)**	**(0.338)**	**(37.833)**	**(37.321)**	**0.512**

Service Division	Annual Estimate 2016/17 £m	Actual to 31/3/17 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2017/18 £m	Actual to 31/3/18 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2018/19 £m	Actual to 31/3/19 £m	Variance (Favourable) / Adverse £m	Annual Estimate 2019/20 £m	Actual to 31/3/20 £m	Variance (Favourable) / Adverse £m
Underspend relating to NHS A & A hosted services share – retained by IJB	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.001	0.000	0.000	0.000
Underspend relating to PCIF / MH Action 15 – earmarked by IJB	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.337	0.337	0.000	0.227	0.227
	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.338	0.338	0.000	0.227	0.227
Set Aside	**19.266**	**19.266**	**0.000**	**21.890**	**21.890**	**0.000**	**23.430**	**23.430**	**0.000**	**24.024**	**24.024**	**0.000**
POPULATION BASIS – NET EXPENDITURE	**211.083**	**211.083**	**0.000**	**220.850**	**220.850**	**0.000**	**234.006**	**234.006**	**0.000**	**245.365**	**245.365**	**0.000**

The following table is the Comprehensive Income and Expenditure Statement, displaying the cost of providing services for the year, according to accepted accounting practice with comparable figures for the previous two financial years:

Gross Expenditure 2017/18 £m	Gross Income 2017/18 £m	Net Expenditure 2017/18 £m	Gross Expenditure 2018/19 £m	Gross Income 2018/19 £m	Net Expenditure 2018/19 £m		Gross Expenditure 2019/20 £m	Gross Income 2019/20 £m	Net Expenditure 2019/20 £m
144.624	(2.023)	142.601	148.990	(2.072)	146.918	Core Services	157.858	(2.266)	155.592
0.000	0.000	0.000	2.350	0.000	2.350	Public Protection	2.388	0.000	2.388
3.822	0.000	3.822	3.788	0.000	3.788	Non District General Hospitals	3.993	0.000	3.993
28.794	(0.005)	28.789	27.273	(0.003)	27.270	Children's Health, Care and Justice Services	28.176	(0.004)	28.172
23.937	0.000	23.937	27.699	0.000	27.699	Lead Partnership Services	28.788	0.000	28.788
21.890	0.000	21.890	23.430	0.000	23.430	Set Aside	24.024	0.000	24.024
223.067	**(2.028)**	**221.039**	**233.530**	**(2.075)**	**231.455**	**Cost of Services**	**245.227**	**(2.270)**	**242.957**
0.000	(76.458)	(76.458)	0.000	(77.392)	(77.392)	East Ayrshire Council funding	0.000	(80.746)	(80.746)
0.000	(144.764)	(144.764)	0.000	(156.197)	(156.197)	NHS Ayrshire & Arran funding	0.000	(164.254)	(164.254)
0.000	**(221.222)**	**144.581**	**0.000**	**(233.589)**	**(233.589)**	**Taxation and Non-specific Grant income**	**0.000**	**(245.000)**	**(245.000)**
223.067	**(223.250)**	**(0.183)**	**233.530**	**(235.664)**	**(2.134)**	**(Surplus) / Deficit on provision of services**	**245.227**	**(247.270)**	**(2.043)**

The Comprehensive Income and Expenditure Statement of Income and Expenditure highlights a net cost of services of £242.957m for the year. The financial performance by IJB Service Division table highlights a population basis net expenditure of £245.365m for the year. The £2.408m net underspend for 2019/20 has been earmarked for specific commitments in future financial years, including: client equipment and adaptations, adult care packages, Intermediate Care and Reablement, Primary Care Improvement Fund and Mental Health Action 15.

The Annual Budget has been developed for 2020/21 and was approved by the IJB on 25 March 2020. This includes proposed actions to ensure that the IJB operates within the resource available by proactively addressing funding challenges while delivering effective services to the residents of East Ayrshire.

Financial sustainability was highlighted as a key issue by the Partnership's external auditors, including a noted reliance on continuing commitment by the Council and NHS, to provide non-recurring funding if required. Accordingly, the Partnership published its Medium Term Financial Plan 2017/18 - 21/22 in November 2017 to understand and address the financial challenge. A Medium Term Financial Plan 2017/18 – 21/22 update was presented to the IJB on 25 March 2020 which outlines a number of issues in relation to current financial circumstances and future public spending restraints. The update considers national spending planning and reflects on the UK leaving the European Union on 31 January 2020, highlighting that uncertainty remains in relation to the transition period and the wider impact on the economy over the medium term. Responding to the Covid-19 pandemic was also considered to have a significant impact on the short to medium term. Going forward, as part of the IJB fiscal framework, a comprehensive review of the Medium Term Financial Plan will be undertaken in 2021 to align with the updated Strategic Plan.

The Partnership, along with others in Scotland, is faced with significant financial challenges and is required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook, exacerbated further by the Covid-19 pandemic, real-term reductions in funding, increasing demand for services and the cost of implementing new legislation and policies.

7. Best Value

The Strategic Commissioning for Sustainable Outcomes Programme Board, established in 2016/17, continues to drive forward delivery of the Partnership's transformational change ambitions, with oversight from the Audit and Performance Committee and influence from the Strategic Planning Group and Locality Planning Groups. The Programme Board utilises evidence based approaches to inform investment and disinvestment decisions and is guided by national advice stating that this approach applies to the totality of the delegated resources within Partnerships, including the 'set-aside' hospital resource where there is a key planning role. More information on the Programme Board's activities during 2019/20 is available in the Audit and Performance section below and associated service specific improvement and transformational change activity can be found in our Service Improvement Plans for 2020/21.

NHS Ayrshire and Arran's Transformational Change Improvement Plan 2017-2020 and Health and Care Delivery Plan 2019-22 outline how transformational change programmes and identified strategic objectives will achieve its commitment to the triple aim of improving the patient experience of care, improving the health of populations and reducing the per capita cost of health care. Regular reporting to governance bodies demonstrated good progress towards this triple aim throughout 2019/20.

East Ayrshire Council's second Transformation Strategy 'Closing the Gap' sets out proposals for achieving transformational change in local authority services between 2017-2022, while recognising considerable challenges arising from a period of increased service demand and reduced resources. Closing the Gap sets out how the Council will deliver financially sustainable services in the future, while best serving the needs of local communities. Progress against the six Transformational Workstreams was on track and reported quarterly through East Ayrshire Performs throughout 2019/20. The efficiency savings that were approved as part of this year's budget setting process have now been applied across budgets and work is ongoing through service redesign to bridge the projected funding gap. Working with service users and communities in an asset-based way necessitates a significant cultural change. The Council continues to embed FACE qualities and behaviours (Flexible, Approachable, Caring and Empowered), in the workforce and communities to promote a relational way of working through empowering local people and communities, which will contribute towards reducing demand on services.

A three-year programme of Best Value Service Reviews commenced in 2019 with the aim of securing ongoing service improvement through identifying more effective and efficient ways of delivering services to provide better value for money for local communities. Best Value Reviews scrutinise the services delivered, challenge the basis upon which these services are provided and incorporate benchmarking activities to assess whether there are other or better ways of providing the service. This form of review differs from ongoing management review processes as it comprises a wider scope and core elements that meet particular criteria set out within Statutory Guidance.

A number of Partnership services (set out below) will be reviewed in collaboration with key partners and stakeholders, particularly people who use services, their families and carers using 'best value' methodology and the Scottish Approach to Service Design. At a strategic level, the reviews will focus on a number of key improvement themes, including:

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

The table below sets out the services which will be reviewed over the three-year programme:

Year 1	Year 2	Year 2/3
Initial Response Team	Family Support and Young People	Digital Transformation
Kinship and Interim Kinship Care	Children's Houses	Business Support: Phased Review
Care at Home: Older People	Residential Services: Learning Disability, Mental Health, Physical Disability	Prevention and Early Intervention
Day Services: Adults with Learning Disabilities	Community Reablement and Support Team (CREST)	Mental Health and Learning Disabilities Social Work Teams
Financial Inclusion	Fostering and Adoption Services	
IJB Finance	Day Services: Older People	

A number of Best Value Service Reviews were significantly advanced during 2019/20, however due to Covid-19 pressures, lockdown restrictions and the Partnership's commitment to collaborating with people whom any service redesign would affect, the timescales for completion of reviews have been adjusted from those originally envisaged. This situation has been overseen by the Strategic Commissioning Board. The Best Value Service Review Programme was conceived prior to the Covid-19 pandemic, therefore some details such as the timescales outlined above, may have been impacted to an extent.

8. Inspection Findings

The Care Inspectorate undertook scheduled and unscheduled inspections across a number of services throughout 2019/20. Quality of care was assessed to be 'good' or better in 75% of our services, which was a considerable increase from 2018/19 (65%) and closer to the high standard consistently set in East Ayrshire in previous years.

Findings from the thematic inspection of East Ayrshire Self Directed Support in 2018/19 and continuous self-evaluation activity identified a number of areas which could be improved. Improvement work throughout 2019/20 based on these learnings enabled us to develop key aspects of Self Directed Support in East Ayrshire, including:

• Improved recording and reporting of personal outcomes achieved through self-directed support, facilitated by the implementation of the LiquidLogic system;

• Streamlined decision making for agreeing resource allocation to improve the process for people who use services;

• The My Life My Plan Tool has been adapted to encourage the recording of conversations related to the four SDS options, personal budgets, contingency plans and the right to a Carer's Support Plan;

• Progressed implementation of SDS for carers and the implementation of the Carer's Act with our Young Carers Statement developed by young carers for young carers;

• Continued learning from negative feedback or complaints in informing improvements, and;

• Our systems for reporting on performance have driven forward change and improvement.

A full list of the latest Care Inspectorate inspection results for our registered services can be found here and details of the most recent inspections of registered care homes in East Ayrshire can be found here.

9. Caring for Ayrshire

Caring for Ayrshire is a 10 year transformative change programme led by the Caring for Ayrshire Programme Board, with a focus on implementing strategic whole system redesign of health and care services across Ayrshire and Arran to best meet the health and care needs of residents. This will be achieved over the next 10 years by delivering services which are high quality, safe, accessible, effective and sustainable.

The Caring for Ayrshire programme is a proactive response to a number of significant challenges, including: increasing service demand, aging populations with complex health requirements, workforce gaps, general population health, buildings which are no longer fit for purpose and financial restraints. These drivers for change alongside evolving policy, clinical and quality requirements have created a situation which necessitates local health and social care services to be better co-ordinated with an emphasis on care delivery closer to home to reduce dependence on hospital-based care and to improve outcomes.

The programme's ambition incorporates care delivered in a number of settings, including: at home, homely settings, health and wellbeing hubs, primary care establishments and acute hospital settings. The programme will consider innovative solutions to transform the delivery of care, such as utilising technology and boosting local resources to support self-care and continued care at home. As such, partnership working with local communities, third sector, voluntary and independent organisations will be vital in delivering the right care, in the right place, at the right time.

The Caring for Ayrshire programme is co-ordinated and supported in partnership by NHS Ayrshire and Arran and the three Ayrshire Health and Social Care Partnerships. Engagement at a local level is a core element of the transformation process to ensure local needs and circumstances are fully considered and reflected going forward. Property and Asset Management plans have been established within localities in East Ayrshire, aligned with the Caring for Ayrshire and East Ayrshire Council property and infrastructure plans. Three East Ayrshire engagement events were held throughout 2019/20 in Kilmarnock, Cumnock and Stewarton, with future events planned for the Irvine valley and Doon Valley areas. These gatherings invited members of the public, stakeholders and partners to participate in sharing their views and aspirations for future service delivery in these areas.

Stewarton Health and Wellbeing Event 29/02/2020

Cumnock Health & Wellbeing Hub Event 25/10/2019

10. Audit and Performance Committee

In 2019/20, the Audit and Performance Committee considered internal audit reports from East Ayrshire Council and Grant Thornton LLP on behalf of NHS Ayrshire and Arran and external reports from Audit Scotland and Deloitte LLP. In respect of financial assurance the Committee received a clear audit report from Deloitte LLP as the external auditor having considered four dimensions; financial sustainability, financial management, governance and transparency and value for money.

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

During 2018/19, the Committee requested internal audit undertake a review on Health and Social Care Partnership Lead Partnership arrangements and to undertake a follow up review on Complaints Procedures report and to monitor implementation on recommendations. In 2019/20, the follow up review on the report and recommendations on Lead Partnership arrangements was undertaken. In addition, an audit assignment on the Risk Management was scheduled to be completed in quarter four to allow the IJB Risk Appetite Statement to be developed and approved. Work has commenced in developing a Risk Appetite Statement but this has not been completed due to the divergence of resources in response to the Covid 19 pandemic.

The Strategic Commissioning Board is responsible for the management of the £1m Transformation Fund delegated to the IJB from East Ayrshire Council to promote service redesign, identify efficiencies in service delivery and most importantly to improve health and wellbeing outcomes for residents. The Board provides regular update reports and an annual report to the Audit and Performance Committee.

Following the Audit Scotland/Accounts Commission report 'Health and Social Care Integration- Update on Progress' (November 2018), a detailed Self-Evaluation of the implications of the report for East Ayrshire was considered. The evaluation included a total of 25 proposals for improvement in relation to the following themes: collaborative leadership, integrated finances and financial planning, effective strategic planning for improvement, collective understanding of governance and accountability,information sharing in relation to frameworks and good practice, and meaningful engagement of communities, supporting people and carers. These are the themes prescribed to self-evaluate against using the following criteria - not yet established; partly established; established, and; exemplary. The outcome of the assessment agreed 21 proposals as exemplary and established, with the remaining 4 partly established. These were in relation to national and pan Ayrshire proposals. The self-assessment during 2019/20 was also considered by the EAC Governance and Scrutiny Committee and the NHS Board Performance Governance Committee.

The Committee approved the programme of Best Value Service Reviews as an integral part of the transformation required to meet the sustainability challenge detailed in the Strategic Plan and Medium Term Financial Plan. The Review Programme identifies areas for review on the basis of the clarity of strategic direction for service areas, potential risk and rewards and is combined with cross-cutting review elements.

11. Localities

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

- **Northern:** Annick and Irvine Valley;
- **Kilmarnock** (including Crosshouse and Hurlford); and
- **Southern:** Ballochmyle, Cumnock, Doon Valley and New Cumnock.

Each Locality Planning Group has developed individual Action Plans for improving health and wellbeing in the local area and group members meet regularly throughout the year to progress and review key local actions and to develop arrangements for working in our localities. The Locality Action Plans prioritise themes which people in the local communities have told us are important, including co-producing approaches and solutions to action local priorities and improving mental health and wellbeing. The Action Plans are live documents and are continuously reviewed. In 2019, our Locality Planning Groups successfully extended their networks with partners and communities and released two publications on their activities.

A significant focus during the reporting period was contributing towards the Community Planning Partnership's strategic priority; Adding Life to Years - tackling loneliness and social isolation, through the End Loneliness Together campaign. The Locality Groups organised a series of 'Get Together' events across East Ayrshire throughout 2019/20 to; raise awareness of the impact of loneliness and social isolation; provide opportunities for people living and working locally to connect with each other to tackle the issue and to break down the barriers to kindness.

Connect2Kilmarnock event 22/02/2020

GETTING TOGETHER IN LOCALITIES

thriving

Understanding Loneliness & Social Isolation

It's completely normal to feel lonely sometimes- lots of people do for lots of different reasons. It could be you've moved to a new area, become unemployed, had a relationship break-up or bereavement, or found yourself in a new situation where you no longer have people around you who make you feel connected.

In small doses this loneliness is a good thing- it encourages us to reconnect- but for those who experience this feeling regularly or for a long time, it can have a negative impact on health and wellbeing.

Social isolation and loneliness are different: you can feel lonely without being socially isolated, often described as 'feeling lonely in a crowded room' or you can prefer to socially isolate yourself but not feel lonely as a result.

Why tackle it?

Evidence shows:

- suffering from loneliness is as harmful as smoking 15 cigarettes per day
- lonely/socially isolated people smoke more, are less physically active and have poorer sleep

End Loneliness TOGETHER

What Can You Do?

Come along to one of the events happening near you. **Click on a box below for more info about your preferred event:**

Wed 29 May Grand Hall Kilmarnock	Thu 30 May Netherthird Community Centre
Mon 3 Jun Morton Hall Newmilns	Thu 6 Jun Area Centre Stewarton

Get Together event highlight: Mrs B is an older lady with learning disabilities, who re-connected with a local arts and crafts group after twenty years of isolation. Mrs B was previously a 'weel kent' face in her community, who came to the Get Together at the urging of her worker. She was initially too shy to participate in any of the activities but her love for crafting eventually had her interacting with several people who realised they knew her of old. She was able to engage with the group following the event, with support.

A Locality Network has been established to deepen and broaden engagement in our localities and in turn, drive forward improvement activities. Find out how to get involved here.

12. Lead Partnership Arrangements

East Ayrshire

Strategic planning and delivery of Primary Care Services are delegated functions within the scope of IJBs and contractual arrangements are a retained responsibility of NHS Boards. Whilst recognising the governance arrangements under the agreed Integration Scheme East Ayrshire Health and Social Care Partnership has Lead Partnership responsibility for Primary Care and Out of Hours Community Response. This lead responsibility relates to:

- Medical practices;
- Community pharmacies;
- Optometry practices;
- Dental practices;
- Public Dental Service;
- Ayrshire Urgent Care Service (AUCS includes GPs, Advanced Nurse Practitioners, Community Nursing, Crisis Mental Health, Social Work services, East Ayrshire Community Responders).

'Primary Care' refers to the four independent contractors which provide the first point of contact for people with the NHS. These contractors are General Practitioners, Community Pharmacists, Optometrists and General Dental Practitioners. 'Out of Hours' refers to services provided beyond the common working pattern of 8-9.00 am to 5-6.00 pm and includes both Primary Care Health and Social Work out of hours services.

As at March 2019 there were a total of 55 GP Practices across Ayrshire with a registered practice population of 385,530. There were also 99 community pharmacy outlets across Ayrshire and Arran and these provided 15 enhanced services to meet local needs. In addition, 67 dental practices offer general dental services (5 of which are orthodontic practices) and 51 optometry practices offer a range of optometry services across the area. Clinical Leadership arrangements are well-established across contractor groups. Key aspects of performance in the reporting period are:

- 5,656 items were dispensed by community pharmacy as part of the Pharmacy First initiative, up from 4,252 in 2018/19 (*note: Pharmacy First UTI and Impetigo are now national services)*
- Approximately 22,400 medications were supplied by community pharmacy as part of the Eyecare Ayrshire service.
- 85.7% of AUCS Home Visits triaged within one hour, against a target of 82%.

The vision for Primary Care in Ayrshire and Arran is to have sustainable, safe, effective and person-centred services which will be delivered in partnership between communities, Primary Care, Health and Social Care Partnerships and the Acute and Third Sectors.

The 2018 GMS contract supports national policy for the modernisation and stabilisation of Primary Care. The aim is to achieve this through the refocusing of the GP role as Expert Medical Generalist (EMG), building on the core strengths and values of General Practice. By investing in new workforce and infrastructure to support General Practice, the aim is to free up time to enable GPs to use their skills and expertise to do the job they train to do.

In early 2018 a single Primary Care Improvement Plan 2018-21 was endorsed by the three Ayrshire IJBs, the NHS Board and the GP Sub Committee / Local Medical Committee. At that time it was indicated that further endorsement would be required as the Programme progressed and national resources were made available and a commitment given to return to partner agencies to seek that endorsement.

The second phase Ayrshire and Arran Primary Care Improvement Plan 2020-22 was developed in October 2019 in a collaborative approach across the 3 Ayrshire IJBs the NHS Board and the local GP sub-committee / Local Medical Committee. This inclusive collaboration has been essential in presenting a report that outlines the ambition of all parties to develop our Primary care services to be both sustainable and to meet the future needs of our communities.

The Memorandum of Understanding between Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include:

- vaccination services,
- pharmacotherapy services,
- community treatment and care services,
- urgent care services and
- Additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.

The new GMS contract, being implemented through the PCIP, provides the basis for an integrated health and care model with a number of additional professionals and services MDT including nursing staff, pharmacists, mental health practitioners, MSK physiotherapists, and community link workers as well as signposting a number of patients, where appropriate, to other primary healthcare professionals within the community. This is aligned to the NHS Ayrshire and Arran Caring for Ayrshire vision and sets out a whole system health and care model which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care. The key element identified by all staff across the Health and Care system was effective functioning MDTs in community with the availability of specialist supports, providing confidence to local practitioners that alternatives to hospital presentation were realistic and clinically safe. The implementation programme in Ayrshire and Arran has focused on these priorities and the report gives an update on progress and proposals for future investment and development.

Pharmacotherapy Services: This area has seen the most significant investment to date with over 100 staff being recruited and deployed in General Practice. The implementation process has provided significant learning about skill mix, culture and governance. All GP practices within Ayrshire and Arran had access to Pharmacotherapy services with good progress being made with implementing the Level One core service. The final group of agreed pharmacotherapy staff were recruited to start early 2020 to provide appropriate skill mix to deliver full service of Pharmacists, Technicians and Pharmacy Support Workers. The transfer of task an implementation of this service will be part of ongoing monitoring and evaluation.

Community Treatment and Care (CTAC): In 2019, Ayrshire and Arran recruited 9 graduate Primary Care nurses who were deployed to General Practices to support the testing of models of care and how this will integrate with Practice employed staff and community based staff.

Potential models were scoped in conjunction with key stakeholders in early 2020 and broad agreement that CTAC should be practice based and seamless to patients accessing the service. Approximately 90 WTE staff were projected to be required to provide full service delivery. The projected workforce model incorporated a mix of Band 3 Healthcare Support Workers and Band 5 Registered Nurses. Discussions had commenced with current practice staff in relation to TUPE and plans are being progressed for recruitment.

An early test of change commenced in each HSCP in February 2020 to test skill mix and capacity required which will inform the modelling and implementation plan. Recruitment was anticipated to commence in May 2020 for staff to be in place by September 2020, but this was delayed due to Covid-19 and greater understanding is required to determine what this service has the potential to look like under new ways of working before this service is developed fully. This will be informed by the Transforming Nursing Roles work nationally and future models of care in Ayrshire and Arran.

There have been 33 staff identified in a recent round of recruitment in July 2020 from the student nurse programme to commence as Primary Care Staff Nurses. This will form the foundation of the newly developed CTAC service with a first priority to support delivery of the flu campaign for over 120,000 residents across Ayrshire and Arran.

Vaccination Transformation Programme: An update on transfer of each of the programmes from GP Practices to the HSCPs is noted below.

Pre-school programme

- Clinical delivery model agreed along with additional capacity added to each of the childhood nursing teams across each of the HSCPs.
- Agreed that additional resource for delivery of childhood flu would be invested through local HSCP childhood nursing teams.
- Each HSCP was at final stages of recruitment for their additional nursing posts
- Scoping of childhood flu delivery mechanisms were underway with ambition to agree proposed model by March 2020 – combined model of nursery and GP Practice based delivery

School based programme

- No changes required to current delivery model.

Travel Vaccinations and Travel Health Advice

- Following scoping and discussions with current service, there was agreement of additional capacity of 1WTE (2 x 0.5WTE posts) travel health nurse at travel hub clinic to assist current travel consultant and nurse.
- Agreement to develop hub and spoke model along with other contractors (i.e. local pharmacies and interested GP practices). Operational aspects of hub and spoke model being developed including service level agreement.

Adult Influenza

- Delivery of flu clinic to be based on current practice models where possible using additional workforce and bank staff.
- GP Practices will be supported to deliver this for winter 2020 with delivery across Ayrshire and Arran by 2021.

At Risk and Age Group Programmes

- Model was implemented in October 2018 through the midwifery service for delivery of pertussis and flu vaccines for pregnant women.
- Proposed transfer of delivery of adult immunisations through the CTAC service late 2020 with ongoing additional capacity in service.

Urgent Care Services: A number of stakeholder events with HSCPs and GP Practices took place throughout 2019 with the aim of reaching an agreed vision for an Urgent Care service. Feedback on the largest areas of demand were:

- Home visits
- On the day assessment
- Frailty patients (including anticipatory care planning)
- Mental Health presentations.

- During 2019 a review of home visit activity was undertaken to identify demand and it was projected that 34 ANPs would be required to meet demand to deliver an urgent care service.
- Work was ongoing with practices to scope their urgent care needs as feedback has indicated one model may not suit all practices dependent on how they are set up and what staff they already have in place.
- Work to link urgent care pathways in General Practice to various programmes throughout Ayrshire and Arran is required (frailty, anticipatory care planning, single point of contact).
- In addition to recruiting Advanced Practitioner roles, consideration was being given to current staff being developed and trained as a "grow your own" model within a structured training programme
- Consideration is also being given other MDT members being able to deliver home visits and/or on the day presentations.
- A key priority across Scotland is the re-design of Urgent Care Services and the future planning across primary care will be informed by the whole system re-design.
- The Minor Ailment Service (MAS) in community pharmacies contributes to urgent care delivery being the first contact for patients for a range of common clinical conditions. The sustainability is reliant on Scottish Government's commitment to extending and expanding this to make it available to everyone from 31 July 2020. Locally, this service has been expanded through Pharmacy First Ayrshire to include treatment of UTIs for women between 16 and 65 and impetigo for patients over 2 years old.
- Community Optometrists (through Eyecare Ayrshire) provide a first point of treatment for minor eye ailments.

Multi-Disciplinary Teams In General Practice – Additional Professional Roles: The MOU is clear in the transfer of task in the preceding priorities but is less clear in respect of this final area. In terms of impact, this does not mean this is any less valuable. An update on progress in noted below:

- Mental Health Practitioner (MHP) service model agreed with 20.8 MHPs based across 34 GP Practices.
- Roll out plan proposing 23 WTE posts is required across Ayrshire and Arran to provide full delivery by April 2021. There was a risk identified to recruiting to all required roles, identifying this additional funding and to ensure there is not a knock on impact to other services.
- Continuing development work of the practice based MHP service
- There were 12 WTE Advanced Practice Physiotherapists (APP), as well as an MSK lead, across 26 GP Practices with practices to be agreed for an additional 2 WTE – taking the total to 14 WTE available.
- Agreement there will be transfer of posts from MSK core service as demand for this service is reduced through the impact of APPs in GP Practices
- Recruitment of additional Community Link Workers/Connectors to ensure full coverage of GP Practices
- There were 27 WTE Community Link Workers across 49 practices, some funded through the PCIP and others through HSCP resources.

Pharmacy: The Care at Home Pharmacy Technician Service (CAP) works with elderly and/or vulnerable patients to support them to better understand and manage their medicines and to complete comprehensive reviews of medicines. The CAP service is also able to offer solutions to patients in relation to any medicine-related problems or issues and can provide onward referral to other services where required. The key benefits of the service include helping patients and carers to have greater confidence in managing their medicines and achieving improved patient safety through rationalisation of medicines and Polypharmacy reviews. CAP Technicians are involved with most aspects of the Medication Management Support Service, including: overall service review, carer training, initial and annual medication review and review of medication incidents. In 2019/20, the CAP service was recognised nationally by winning a number of awards including: Scottish Pharmacy Awards: Delivery of Pharmaceutical Care, Scottish Pharmacist Awards: Hospital Team of the Year and Scottish Health Awards: Integrated Care.

Public Dental Service and General Dental Service: In line with the 2018 Oral Health Improvement Plan, the Public Dental Service (PDS) and General Dental Service (GDS) has been working together to support the implementation of the NES training programme for Enhanced Domiciliary General Dental Practitioners (EGDP) within High Street dental practices. In 2019/20, the PDS and GDS worked in partnership to train and develop EGDPs to deliver dental care in Nursing Homes. 6 dentists have completed the training programme and a further 2 are currently in training.

Quality Improvement Initiative in Dentistry: The Quality Improvement Initiative in Dentistry brings together colleagues from primary and secondary care to work collaboratively to explore ways to improve dental care and prevent poor care. Working together collectively throughout 2019/20, Public Health, Public Dental Service, General Dental Service, Pharmacy and the acute sector have driven changes in improving and reducing prescribing for oral pathology and have developed a new project working with Quit Your Way to offer direct referrals from General Dental Practices to help their patients quit smoking and improve health outcomes.

Ayrshire Urgent Care Service (AUCS): In 2019 there were changes to management structures across East Ayrshire HSCP and temporary arrangements were put in place to oversee the safe and effective running of the service as well as a new governance board established to oversee AUCS. The changes created an opportunity to review the service provision and the governance arrangements across AUCS. The service experienced significant workforce challenges in 2019 and there was a commitment that the review would be carried out by June 2020 with clear outcomes and recommendations regarding the future model and governance arrangements.

In response to Covid-19 all NHS Boards were required to establish specific streamlined pathways for Covid-19 patients through a Clinical Hub and ensuring Clinical Assessment Centres were in place for patients to be seen with deteriorating Covid-19 symptoms. This pathway was established in Ayrshire and Arran aligned to the temporary leadership and management arrangements. Responding to Covid-19 has delayed the conclusion of the service and governance review with an aim to have the outcomes reported in August 2020.

Access to Mental Health support in Primary Care: Prioritisation of the Pan Ayrshire Mental Health Strategy has seen decisions being increasingly made on an Ayrshire-wide basis and the establishment of stronger links with the priorities outlined in the Primary Care Improvement Plan. This has seen the Crisis Resolution Team extending provision to seven days which has allowed for more integrated working with the Ayrshire Urgent Care Service, enabling a fast and effective response to individuals presenting during out-of-hours.

Urgent Care Services Redirection: Pharmacy First was initiated by NHS Ayrshire and Arran as a range of services that enabled community pharmacies to be the first port of call for a number of common conditions, many of which previously required attendance at a GP practice or Out-of-hours GP service. Currently, all 99 pharmacies in Ayrshire and Arran are signed up and providing treatment for UTIs, impetigo, shingles and skin irritations/infections under the Pharmacy First umbrella. Figures for 2019/20 show that 5,656 items were dispensed by community pharmacy as part of the Pharmacy First initiative. This relieves pressure on GP surgeries and provides a complete healthcare solution in one place for the patient.

Eyecare Ayrshire was first introduced in 2017 and promoted the message that there was no need to go to your family doctor or Emergency Department for minor eye problems and advised that the best person to see is your high street optician. If people require medicine for their eye problem this is provided free of charge from the community pharmacy. Figures for 2019/20 show that approximately 22,400 medications were supplied by community pharmacy from signed optometry orders.

Other Lead Partnership Arrangements in Ayrshire

The North Ayrshire Health and Social Care Partnership is the lead Partnership in Ayrshire for specialist and in-patient Mental Health Services and some Early Years Services. They are responsible for the strategic planning of all Mental Health in-patient services, Learning Disability Assessment and Treatment Service, Child and Adolescent Mental Health Services, Psychology Services, Child Service, Children's Immunisation Team, Infant Feeding Service and Family Nurse Partnership. The South Ayrshire Health and Social Care Partnership is the lead Partnership in Ayrshire for Continence, Falls Prevention and Sensory Impairment.

13. Covid-19

The East Ayrshire Health and Social Care Partnership mobilised to respond to the Covid-19 pandemic in March 2020, with a focus on ensuring the delivery of safe and effective services for those at risk in our communities. This response required a swift transformation in the way services were delivered by the Partnership and East Ayrshire Council, which included the redeployment of staff to undertake key roles such as meal deliveries, providing contact calls to shielded individuals and care at home provision, ensuring essential services were maintained to keep people safe in the community.

During the pandemic, there were almost 5,400 people shielding in East Ayrshire, with 1,300 of whom known to our health and social care services. A collaborative approach was taken between Community Planning Partners to create an integrated shielding pathway across all sectors including Primary Care, Secondary Care and Community Care services, to provide a range of assistance including meal and medicine delivery and social support, enabling Shielded individuals to be connected and to shield safely at home.

A range of positive feedback has been received from people in receipt Shielding assistance, which demonstrates the person-centred nature and positive impact of the support provided:

Feedback from Shielded individual: *"I am in the Shielding group, I am 80 years old and a widow and I live alone with my dog. I really am so thankful for your help to me during this Isolation period. I receive a phone call every week to check I am okay. I receive a free weekly food parcel. Your department arranged for medicine to be delivered from my pharmacy and also arranged priority delivery of monthly groceries from Tesco. Above all arranged a volunteer to come daily and walk my dog for me for which I am so grateful. As I had a shoulder replacement operation in March and adding this post operation recovery to my underlying illness I was truly incapacitated. So thank you all. I received a pre-printed thank you rainbow card from your department which I plasticised and taped to my front door which means any delivery from online shopping knows I am in Shielding and informs anyone who comes to my front door, may I say this is an excellent idea thank you. Your staff are so helpful and kind when I phone to ask questions as in how I will return my now out of date library books. They told me they would have a volunteer to return them for me when the libraries open. So thank you once again".*

A range of further work was undertaken to support communities in response to the pandemic, including the establishment of a Covid-19 Community Clinical Assessment Centre, supporting acute care capacity by avoiding care transfer delays, creating additional community and social care capacity to provide step-up and step-down support, community testing and increased utilisation of digital platforms to enable remote consultation, assessment and contact.

Further examples of actions taken and challenges encountered in relation to the Covid-19 situation in East Ayrshire are outlined below.

Access to personal protective equipment (PPE) proved to be particularly challenging due to limited supplies. The ordering and distribution of PPE was successfully coordinated through the Partnership's Business Support team, with 5 distribution locations across East Ayrshire and a dedicated phone number provided for colleagues. Frontline staff were provided with the most up to date guidance on using PPE and health and safety advisors supported the workforce to feel confident in using PPE. Our approach was to ensure that supplies were directed where required most and Business Support alongside the Council Procurement team and the Covid-19 Testing Facility worked collaboratively to provide a seven day service to the wider workforce including East Ayrshire Community Hospital, community health staff, care at home and care home providers.

Throughout the pandemic, frontline teams continued to deliver core services including care at home, district nursing services and services within East Ayrshire Community Hospital to individuals and families whilst balancing workforce pressures and ensuring sufficient PPE provision. Workforce requirements were met through successful recruitment, redeployment and induction of additional care at home staff. Multi-agency meetings were held to provide additional support to partner care homes with residents who were confirmed Covid-19 cases and employees who were self-isolating. Strong and supportive relationships across the Partnership, external care home providers, Public Health and East Ayrshire Council, were key to the successful organisation and delivery of these services.

Local operating and management arrangements were revised to respond to the Covid-19 situation in line with the UK Government's directions in regards to prioritising areas of work and identifying staff who were able to work from home. A number of offices were closed to the public, with others remaining operational with a reduced workforce, implementing strict social distancing procedures. Weekly operational meetings were held remotely across all services using teleconferencing platforms including Vscene within Council services and Microsoft Teams within NHS services. An East Ayrshire Covid-19 Leadership Group and a Pan Ayrshire Community Primary Care Group also operated weekly to provide oversight of key operational arrangements.

This year's Annual Performance Report (2019-2020) has been subject to the impact of Covid-19, as colleagues who normally contribute towards reporting on our Partnership's performance over the last year have been focussed on delivering vital services, resulting in examples of delivering what matters to our communities being more concise than in previous years. Our next Annual Performance Report (2020-2021), will fully outline the impacts of the pandemic across our communities and services, in addition to describing how our integrated recovery and renewal journey has progressed to ensure continued delivery of effective and person-centred care.

14. Looking Ahead

Strategic Plan 2018-2021

The Partnership's Strategic Plan 2018-2021 focuses on four priority areas: Early Intervention and Prevention; New Models of Care; Building Capacity in Primary and Community Care and; Transformation and Sustainability. The Partnership's delivery activities are centred on these key aims and through each Directorate's Service Improvement Plan, will improve outcomes for people in our local communities. Our new Strategic Plan 2021-30 will be developed over the coming year together with partners in all sectors and we will collaboratively review our priorities and long term strategic intent within this process.

Service Improvement Plans

Service Improvement Plans were established in 2016/17 and have subsequently driven improvement activities across the Partnership's main service portfolios. In 2019/20, interim leadership and management arrangements were established following the decision not to recruit to the Health of Service Community Health and Care post. Subsequently, the current strategic service portfolios are: Locality Services, Wellbeing and Recovery Services, Children's Health, Care and Justice Services and Primary Care and Out of Hours Community Response, aligned to the priorities and outcomes set out in the Strategic Plan 2018-21.

Covid-19 has presented both significant challenges and opportunities, which manifest within service improvement planning in the recovery context, the dual pathway managing Covid-19 and non Covid-19 service improvement, the interfaces between systems and workstreams at various stages of resumption and in respect of the impact of limited availability of performance data at national and local levels.

This has necessitated a phased production of Service Improvement Plans for 2020/21, which were in the final stages of development prior to the outbreak of Covid-19, to ensure that these are sufficiently cohesive, recovery focussed, able to advance strategic opportunities and simultaneously mitigate risk.

Response, Recovery and Renewal

A key focus throughout 2020/21 will be on recovery and renewal from the impact of Covid-19. This will be a significant piece of work over the next year and through comprehensive engagement and collaboration with partners and communities, this process will generate further learning towards our new models of care and will be central to the Partnership's long term strategic intent. All Partnership services are also contributing towards a second Mobilisation Plan which will reflect on how services will transition from the crisis period towards the recovery phase.

Three 'cross-cutting' priorities were identified by the Council Management Team: Children and Young People, Economy and Environment and Wellbeing. Each of these priorities have supporting governance structures in place, either through existing Community Planning Partners, IJB networks or groups that have emerged in the response phase of the pandemic. These key areas will be central to transformation work planning and in achieving the Council's vision to:

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

A Wellbeing Recovery and Renewal Group has been established, which identified a number of high level wellbeing priorities relating to: taking care of the workforce, community wellbeing, impact of poverty and health inequalities, recovery (alcohol and drugs), social isolation and mental health, volunteering and communicating and sharing resources.

In the short term, Children and Young People services will focus on the following aims as part of the recovery and renewal process:

- reduce the impact on children and young people's emotional and mental health;
- minimise the impact on children and young people's education;
- focus on vulnerable and care experienced children and early years; and
- ensure connections and relationships are maintained.

Longer term aspirations for children and young people in East Ayrshire will be achieved through a collective focus on five key priority areas:

- Respecting and Promoting Children and Young People's Rights;
- Improving Wellbeing;
- Tackling Poverty;
- Achieving and;
- Keeping Safe.

Appendix: Performance Framework

The framework around the Partnership's performance and the content of this report logically follow from the strategic policy arrangements set out in Section 2. This begins with the suite of measures supporting the National Health and Wellbeing Outcomes and the performance reporting requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. The report takes into account the performance reporting guidance issued under this legislation by the Scottish Government.

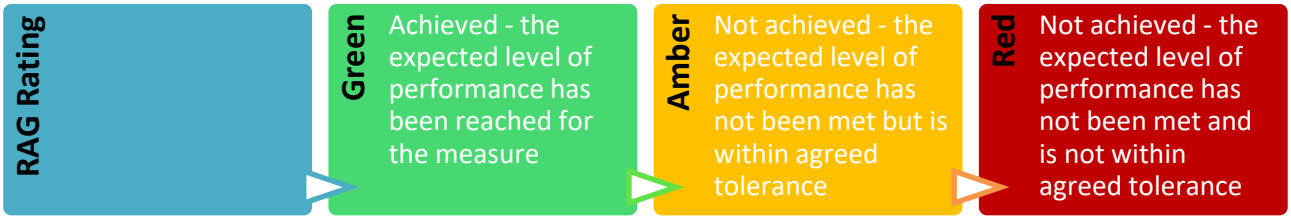
In line with guidance, the report presents: an assessment of performance against all of these; the extent to which the Strategic Plan 2018-21 is contributing to realising them, including financial performance and the significant decision-making of the Integration Joint Board, for the period 2015/16-2019/20. Each performance measure has been cross-referenced to the core suite of integration indicators under the national health and wellbeing outcomes, the Wellbeing Delivery Plan local outcome indicators, Statutory Performance Indicators, Ministerial Strategic Group dataset and measures from the Performance Scorecards contained in Service Improvement Plans. Measures reported therefore align to delivery of the Strategic Plan 2018-21, Community Plan and National Outcomes, as illustrated below

Strategic / Policy Driver	Indicator Origin	Code
Health & Social Care Vision	Statutory Performance	SPI
National Outcomes	Core Suite of Indicators	CSII
Measuring Integration Performance	Ministerial Strategic Group	MSG
Wellbeing Delivery Plan	Local Outcome Indicator	LO
HSCP Strategic Plan	HSCP Scorecard	HSCP
Locality Services SIP	Localities Scorecard	LSIP
Children's Health, Care & Justice SIP	CHC&J Scorecard	CHCJSIP
Primary Care & Out of Hours Response SIP	PC&OoH Scorecard	PCORSIP
Wellbeing and Recovery Services SIP	W&R Scorecard	WRSIP

A full assessment of our performance can be found here.

[**Key:** CSII = Core Suite of Integration Measures; LOIP Wellbeing LO = Local Outcomes Improvement Plan/ Wellbeing Delivery Plan Local Outcome Indicator; SPI = Statutory Performance Indicator; MSG: Ministerial Strategic Group; HSCP Scorecard = Health and Social Care Partnership Director's Scorecard; L SIP = Service Improvement Plan for Locality Services; CHCJ SIP = Service Improvement Plan Children's Health, Care and Justice; PCOHCR SIP = Service Improvement Plan Primary Care and Out of Hours Community Response; WR SIP = Service Improvement Plan for Wellbeing and Recovery Services].

Where status against a target is available, performance measures have been rated on a traffic light basis using Red, Amber or Green categories to reflect this. The key below shows how status has been determined. Traffic light status is based on performance thresholds. 'Progress' is reported using the most recent data while 'baseline' is illustrated by the data for the original reporting period. In preparing this year's report, a number of changes to methodology by national statistics providers have been noted. Where this is the case, we have amended the data for the indicator's whole time series to allow for valid comparison. Where targets have not been set these are marked in white with an 'n/a' status.



The report also presents narrative related to the performance journey over the 2019/20 period within East Ayrshire, highlighting areas of activity and personal experiences linked to shared outcomes.

References

1. Scottish Government (2015) National Health and Wellbeing Outcomes A framework for improving the planning and delivery of integrated health and social care services. http://www.gov.scot/Resource/0047/00470219.pdf

2. Scottish Government (2014) The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014, Scottish Statutory Instrument, No 326. http://www.legislation.gov.uk/ssi/2014/326/pdfs/ssi_20140326_en.pdf

3. Scottish Government (2016) Guidance for Health and Social Care Integration Partnership Performance Reports. http://www.gov.scot/Resource/0049/00498038.pdf

4. Scottish Government (2015) Core Suite of Integration Indicators. http://www.gov.scot/Resource/0047/00473516.pdf