

# Health & Social Care Partnership

## Annual Performance Report



2020/21



# Contents



<b>1</b>	<b>Introduction</b>	<b>3</b>			
	East Ayrshire Profile	4		#Active EA	49
	Age/Gender Composition	4		United to Prevent Suicide	50
	Life Expectancy	4		Social Isolation and Loneliness	50
	Community Plan 2015-30	6		Volunteering	50
	Economy and Skills	6		Recovery and Renewal from Covid-19	50
	Safer Communities	6	<b>5</b>	<b>Integration Joint Board - Governance and Decision Making</b>	<b>51</b>
	Wellbeing	6		Integration Joint Board	51
	National Outcomes - Health and Wellbeing, Children and Justice	6		Stakeholder Forum	51
	Health and Social Care Partnership Strategic Plan 2021-30	6		Directions / Decision Making	51
	Strategic and Performance Frameworks	7	<b>6</b>	<b>Financial Performance</b>	<b>53</b>
<b>2</b>	<b>Measuring Performance Under Integration</b>	<b>7</b>			
<b>3</b>	<b>Our Performance 2020/21</b>	<b>14</b>	<b>7</b>	<b>Best Value</b>	<b>57</b>
	Outcomes 1-3:	14			
	Outcome 4:	18	<b>8</b>	<b>Inspection Findings</b>	<b>59</b>
	Outcome 5:	21			
	Outcome 6:	24	<b>9</b>	<b>Caring for Ayrshire</b>	<b>60</b>
	Outcome 7:	26			
	Outcome 8:	29	<b>10</b>	<b>Audit and Performance Committee</b>	<b>61</b>
	Outcome 9:	31			
	Outcome 10:	33	<b>11</b>	<b>Localities</b>	<b>62</b>
	Outcome 11:	35			
	Outcome 12:	37	<b>12</b>	<b>Lead Partnership Arrangements</b>	<b>63</b>
	Outcomes 13- 15:	38		East Ayrshire	63
<b>4</b>	<b>Our Covid-19 Journey</b>	<b>42</b>		General Medical Services (GMS)	63
	Health and Social Care Provision during the Pandemic	42		Primary Care Improvement Plan (PCIP)	64
	Workforce Planning	44		Ayrshire Urgent Care Service	64
	Workforce Wellbeing	45		GP Out of Hours	64
	Impact of Covid-19 on our Communities	45		Re-Design of Urgent Care	65
	Health and Care Services	46		Covid Pathway	65
	Safeguarding Wellbeing during the Pandemic	48		Mental Health Access in Primary Care	66
	Workforce and Partner Wellbeing	49		Community Pharmacy	66
	Food for All, Food for Life	49		Community Optometry	66
	Safe as Houses	49		Dental	66
	Financial Health and Wealth Partnership	49		Quality Improvement in Dentistry	67
				Other Lead Partnership Arrangements in Ayrshire	67
			<b>13</b>	<b>Looking Ahead</b>	<b>68</b>
				East Ayrshire HSCP Strategic Plan 2021-30	68
				Starting Well and Living Well	68
				Caring for East Ayrshire	68
				People at the Heart of What We Do	68
				Caring for Our Workforce	69
				Safe and Protected	69
				Digital Connections	69
				Service Improvement Plans	69

# 1 Introduction

Welcome to the East Ayrshire Health and Social Care Partnership's Annual Performance Report, reflecting the 2020/21 period. This document demonstrates how we have performed against our outcomes for health, wellbeing, children and young people and justice throughout 2020/21, our sixth year of operation. It also builds on the information we published in our previous Annual Performance Reports, providing a year-on-year overview of our progress.

The Annual Performance Report provides an opportunity to reflect on the past year and to acknowledge and celebrate the achievements delivered by our employees and partners. It is also a chance to consider the challenges that face us in terms of our performance now and in the future. This is particularly pertinent in reflecting on our local response to the Covid-19 pandemic over the last year. Progress is measured through tracking key actions, work plans and indicators. This report sets out a range of important measures of progress and describes some of the main areas that we have been working on and the impact achieved for people in our communities.

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 Primary and Urgent Care Services.

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

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

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

Section 42 of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) obliges Partnerships to produce Annual Performance Reports setting out an assessment

of performance in relation to planning and delivering their functions. In addition, the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 ("the Performance Regulations") sets out the content that Annual Performance Reports must contain.

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

The Report is delivered in the context of the national and local policy framework, the East Ayrshire Community Plan 2015-30 and the East Ayrshire Health and Social Care Partnership Strategic Plan 2021-30.

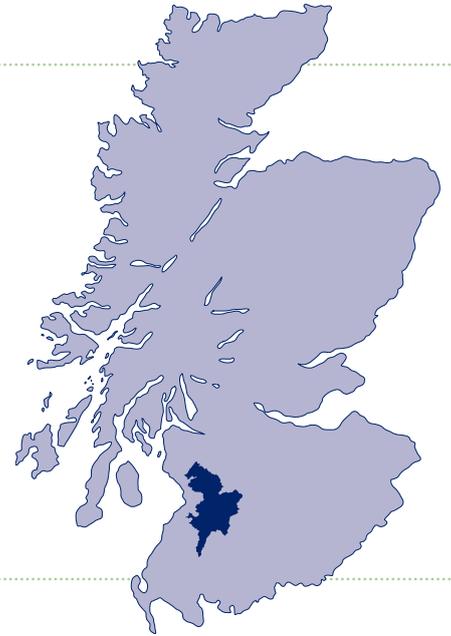
The Covid-19 pandemic has undoubtedly had a significant impact on people's lives and communities. Health and social care services have played a vital role in the local response to Covid-19, with teams continuing to deliver essential services under difficult circumstances to safeguard wellbeing and ensure positive outcomes for many vulnerable people. Examples of what we delivered throughout this challenging period are provided in section 3 within this Report, in addition to an overview of our Covid-19 journey in section 4.

It is important to acknowledge that circumstances related to the pandemic have influenced the progress of various improvement actions and also our performance in some areas throughout 2020/21.

The infographics below highlight key characteristics of the East Ayrshire population, in addition to displaying socio-economic circumstances within the authority. To access a more expansive range of similar statistical information relating to East Ayrshire, please see the East Ayrshire HSCP's [Strategic Needs Assessment](#).

## East Ayrshire Profile

- 490 square miles in South West Scotland
- Incorporates urban and rural communities
- Population 122,010 - 2.23% of Scotland's total population
- Population expected to fall by 2.2% in the next 10 years



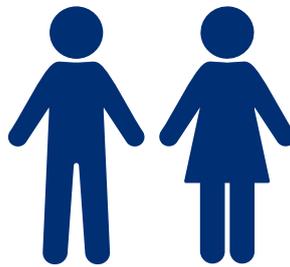
## Age/Gender Composition



**0 - 15 year olds**

**21,869**

17% of population (Scotland 17%)



**16 - 64 year olds**

**75,511**

62% of population (Scotland 64%)



**people aged 65+**

**25,220**

21% of population (Scotland 19%)

Population estimated to fall 9.4% by 2031

16% of the population (Scotland 15%)

Population estimated to fall 6.6% by 2031

59% of the population (Scotland 62%)

Population estimated to rise 16.8% by 2031

25% of the population (Scotland 23%)

## Life Expectancy



**Life Expectancy 76 years**  
(Scotland 77.1 years)

**Healthy life expectancy 57.8 years**  
(Scotland 61.9 years)

**76% of life spent in 'good health'** (Scotland 80%)



**Life Expectancy 80 years**  
(Scotland 81.1 years)

**Healthy life expectancy 58.8 years**  
(Scotland 62.2 years)

**73% of life spent in 'good health'** (Scotland 77%)

## Long Term Health Conditions



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

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

21.4% of East Ayrshire residents are prescribed medication for anxiety/depression/psychosis (Scotland 19.7%)

## Harmful Behaviours

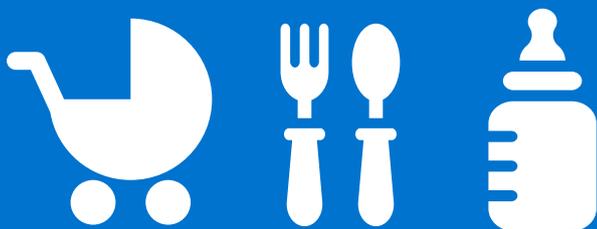


20.8% of East Ayrshire residents aged 16 or over are estimated to be current smokers (Scotland 19%)

The rate of alcohol related hospital admissions in East Ayrshire is 662.4 per 100,000 (Scotland 673.4)

During 2019, there were 41 drug related deaths in East Ayrshire, a rate of 36.9 per 100,000 (Scotland 24.3)

## Early Years



15.8% of mothers in East Ayrshire smoke during pregnancy (Scotland 13.8%)

17.8% of East Ayrshire babies are exclusively breastfed at 6-8 weeks (Scotland 31.6%)

20.2% of children in East Ayrshire had at least one developmental concern noted at their 27- 30 month review (Scotland 14.3%)

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

## Deprivation



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

27.9% of East Ayrshire children are estimated to live in economically deprived households (after housing costs) (Scotland 24%)

15.2% of East Ayrshire residents are income deprived (Scotland 12%)

## Community Plan 2015-30

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

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

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

### Economy and Skills

### Safer Communities

### Wellbeing

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

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

Last year, the Community Planning Partnership reviewed the Community Plan 2015-2030, in the context of the Covid-19 pandemic and with a focus on ensuring the greatest impact in tackling inequality. The outcomes of

the Review are reflected in a [Community Plan Review Supplement](#), which highlights two core strategic priorities over the next three years: The Ayrshire Growth Deal and Caring for Ayrshire.

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

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

## National Outcomes - Health and Wellbeing, Children and Justice

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

## Health and Social Care Partnership Strategic Plan 2021-30

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

## Strategic and Performance Frameworks

This Report demonstrates the extent to which delivering our Strategic Plan has contributed towards National Outcomes, through assessing our performance against key indicators, outlining the impact of local service delivery on outcomes for people and in relation to the principles of integration. Our full strategic and performance framework can be found on the Partnership’s [‘Our performance’](#) website.

## 2 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 within 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 under the umbrella of ‘unscheduled care’, activities that support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required and prevent related re-admission to hospital. Unscheduled care is a key element of the health and social care system in Ayrshire and Arran. As such, services require to be responsive to need whilst at the same time transforming in a way that, where appropriate, moves patient contact from reactive to proactive planned engagement and from hospital based care to the community.

<b>Unscheduled Admissions</b>	2020/21 Trajectory: reduce rate of growth to 5% 2020/21 Performance: rate reduced by 12.5% from baseline	✓
<b>Occupied Bed Days Unscheduled Care (acute)</b>	2020/21 Trajectory: reduce by 4% 2020/21 Performance: rate reduced by 14.3%	✓
<b>Emergency Department- Compliance with 4 hour standard</b>	2020/21 Trajectory: 95% admitted, discharged or transferred within 4 hours 2020/21 Performance: 88.2% admitted, discharged or transferred within 4 hours	●
<b>Delayed Discharge bed days (including Code 9)</b>	2020/21 Trajectory: reduce delayed discharges (All reasons) by 20%; reduce delayed discharges (Code 9) by 25%; reduce delayed discharges (Other) by 8% 2020/21 Performance: delayed discharges (All reasons) reduced by 35.2%; delayed discharges (Code 9) reduced by 30.8%; delayed discharges (Other) reduced by 45.5%	✓
<b>End of Life Care- Proportion of last 6 months of life spent in community setting</b>	2020 Calendar Year Trajectory: Increase to 91.7% 2020 Calendar Year Performance: Increased to 90.8%	●
<b>Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home (supported and unsupported)</b>	2019/20 Trajectory: N/A 2019/20 Performance: 96.3% of population aged 65+ living at home (supported and unsupported)  2020/21 Trajectory: N/A 2020/21 Performance: N/A	—

Throughout 2020/21, activity reports aligned to the MSG indicators were regularly presented to the Audit and Performance Committee and NHS Ayrshire and Arran Health Board, analysing performance in respect of pressures within the health and care system experienced as a result of local demand for unscheduled care.

## East Ayrshire Performance Against MSG Indicators: 2019/20 – 2020/21 Financial Years

	East Ayrshire 2019/20	East Ayrshire 2020/21	Variance
MSG01 - Unscheduled Admissions (all ages) (rate per 1,000 total population)	147.6	118.2	- 19.9% ▼
MSG02 - Occupied Bed Days Unscheduled Care (all ages, acute specialities) (rate per 1,000 total population)	791.1	732.1	- 7.5% ▼
MSG03 - Emergency Department: compliance with the four-hour standard (all ages)	86.3%	88.2%	+ 1.9pp ▲
MSG04 - Delayed Discharge Bed Days (including code 9s) (rate per 1,000 18+ population)	37.6	39.0	+ 3.7% ▲
MSG05 - End of Life Care – proportion of the last 6 months of life spent in community setting *	89.4%*	90.8%*	+ 1.4pp ▲
MSG06 - Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home (supported and unsupported) **	96.3%	Not available **	

\* Please note that the figures for MSG05 relate to calendar years 2019 and 2020.

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

East Ayrshire has recorded positive performance across the majority of core MSG indicators throughout 2020/21 in comparison to the previous year, as displayed in the table above. During 2020/21, the rate of unscheduled admissions fell significantly by 19.9% and unscheduled care occupied bed days declined notably by 7.5%. Compliance with the four hour emergency department standard increased by 1.9 percentage points during 2020/21 and the proportion of last 6 months of life spent in community settings increased by 1.4 percentage points in calendar year 2020. Although the rate of delayed discharge bed days increased by 3.7% in 2020/21, this still represents an area of sustained strength, being considerably lower than the national rate.

## MSG Indicator Benchmarking – 2020 Calendar Year

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inverclyde	West Dumbar-tonshire	Glasgow City
MSG01 - Unscheduled Admissions (all ages) (per 1,000 population)	96.9	122.6	106.5	106.7	125.2	120.3	106.4	107.6	97.7
MSG02 - Occupied Bed Days Unscheduled Care (all ages, acute specialities) (per 1,000 population)	628.7	731.5	790.5	588.7	866.0	638.6	842.0	800.3	724.5
MSG03 - Emergency Department: compliance with the four-hour standard (18+)	89.1%	85.9%	97.2%	96.2%	86.4%	87.5%	91.5%	88.8%	88.6%
MSG04 - Delayed Discharge Bed Days (including code 9s) (per 1,000 18+ population)	89.6	41.6	146.9	58.4	112.9	125.0	20.9	111.3	93.3
MSG05 - End of Life Care – proportion of the last 6 months of life spent in community setting	90.1%	90.8%	89.9%	91.2%	89.3%	90.1%	89.0%	90.7%	89.6%
MSG06 - Balance of care: Percentage of population in community or institutional settings - Proportion of 65+ population living at home*	96.2%	96.3%	96.2%	95.5%	96.3%	96.8%	95.0%	95.9%	94.9%

\* All figures above except MSG06, reflect the 2020 calendar year due to data completeness issues across different areas.

The table above displays East Ayrshire performance alongside comparator areas throughout 2020 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. Due to various changes in the 2019/20 Health and Care Experience Survey wording, indicators 2, 3, 4, 5, 7 and 9 within the CSII are no longer comparable to previous years. However, indicators 1, 6, and 8 are unaffected by the above changes and 2019/20 figures are fully comparable to previous years.

## CSII (Outcome Indicators) Benchmarking - 2019/20

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inverclyde	West Dunbartonshire	Glasgow City
CSII-01: Percentage of adults able to look after their health very well or quite well	92.9%	92%	94.3%	92.1%	91.8%	90.5%	89.9%	90.7%	89.7%
CSII-02: Percentage of adults supported at home who agree that they are supported to live as independently as possible	80.8%	86.2%	80.6%	78.8%	84.2%	77.6%	90.6%	79.7%	81.5%
CSII-03: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	75.4%	78.8%	70.2%	73%	74.5%	71.2%	81.7%	82.9%	75.5%
CSII-04: Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	73.5%	83.5%	79.7%	72.4%	76.2%	70.2%	81.7%	76.5%	74.8%
CSII-05: Percentage of adults receiving any care or support who rate it as excellent or good	80.2%	79.7%	86.3%	74.8%	77.2%	77.8%	84.6%	82.8%	78.9%
CSII-06: Percentage of people with positive experience of care at their GP practice	78.7%	70.3%	87.5%	79.4%	72.9%	68.3%	77.6%	80.6%	83.1%
CSII-07: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	80%	87.1%	85.8%	76.6%	79.3%	75.7%	82.8%	82.1%	79.2%
CSII-08: Percentage of carers who feel supported to continue in their caring role	34.3%	35.8%	39.4%	34.6%	30.7%	32.6%	38.9%	36.8%	35.8%
CSII-09: Percentage of adults supported at home who agree they felt safe	82.8%	88.7%	85.8%	81.7%	85.2%	80%	89.9%	78.9%	81.6%

The table above provides a comparison across the CSII 'Outcome Indicators' (sourced from the 2019/20 Health and Care Experience Survey), within East Ayrshire's 'Family Group' of comparators. The figures demonstrate that East Ayrshire has performed well in a number of areas including: supporting people to live as independently as possible, health and social care services being well co-ordinated, improving or maintaining quality of life and people feeling safe. However, the figures also highlight areas which could be improved in East Ayrshire, such as people having a positive experience of care at their GP practice and carers feeling supported to continue in their caring role.

### East Ayrshire Performance Against CSII (Outcome Indicators): 2017/18 – 2019/20

	East Ayrshire 2017/18	East Ayrshire 2019/20	Variance
CSII-01: Percentage of adults able to look after their health very well or quite well	92%	92%	–
CSII-02: Percentage of adults supported at home who agree that they are supported to live as independently as possible		86.2%	
CSII-03: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided		78.8%	
CSII-04: Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated		83.5%	
CSII-05: Percentage of adults receiving any care or support who rate it as excellent or good		79.7%	
CSII-06: Percentage of people with positive experience of care at their GP practice	76%	70%	6pp ▼
CSII-07: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life		87.1%	
CSII-08: Percentage of carers who feel supported to continue in their caring role	36%	36%	–
CSII-09: Percentage of adults supported at home who agree they felt safe		88.7%	

The table above provides the figures for CSII 'Outcome Indicators' (sourced from the Health and Care Experience Survey), which are comparable with previous years. The figures show no change in 2019/20 in relation to the percentage of adults able to look after their health very well or quite well and the percentage of carers who felt supported to continue caring, compared with 2017/18. However, the percentage of people with a positive experience of care at their GP Practice fell by 6pp over this period.

## CSII (Data Indicators) Benchmarking – 2020 Calendar Year / 2020-21 Financial Year

	Scotland	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	North Lanarkshire	Inverclyde	West Dumbar-tonshire	Glasgow City
CSII-11: Premature mortality rate per 100,000	457	512	408	604	516	581	571	608	678
CSII-12: Emergency admission rate per 100,000	11,100	13,758	13,339	11,823	14,057	14,168	12,492	12,613	11,234
CSII-13: Emergency bed day rate for adults per 100,000	101,852	106,956	105,099	97,449	135,075	102,394	135,039	121,300	116,788
CSII-14: Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges)	114	125	99	146	114	117	89	102	109
CSII-15: Proportion of last 6 months of life spent at home or in the community	90.1%	90.8%	89.9%	91.2%	89.3%	90.1%	89%	90.7%	89.6%
CSII-16: Falls rate per population aged 65+	21.7	18.4	29.0	30.7	18.3	19.2	21.7	19.7	25.3
CSII-17: Proportion of care services graded 'Good' (4) / better in Care Inspectorate Inspections (2020/21 FY)	82.5%	85.2%	83.3%	79.9%	88.1%	80.7%	86.9%	93.2%	89.9%
CSII-18: Percentage of adults with intensive care needs receiving care at home	62.9%	71.1%	63.4%	59.5%	72.6%	75.1%	66.9%	70.3%	57.2%
CSII-19: Number of days people aged 75+ spend in hospital when ready to be discharged, per 1,000 population (2020/21 FY)	488	200	764	324	386	789	149	904	633
CSII-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	24.4%	16.1%	20.4%	26.4%	18.8%	21.9%	21.4%	22.4%

\* 2020 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 2021 was not available for indicator 18 at the time of reporting, therefore 2020 data has been applied. 2020/21 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. The figures highlight that East Ayrshire has performed well in a number of areas in relation to comparators, including: premature mortality rate, 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 when compared to other comparable local authorities, such as: emergency admission rate, the emergency bed day rate, readmission within 28 days and the percentage of health and care resource spent on emergency admissions.

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

	East Ayrshire 2017/18	East Ayrshire 2019/20	Variance
CSII-11: Premature mortality rate per 100,000	492	512	4.1% ▲
CSII-12: Emergency admission rate per 100,000	15,804	13,758	12.9% ▼
CSII-13: Emergency bed day rate for adults (per 100,000 population)	114,397	106,956	6.5% ▼
CSII-14: Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges)	113	125	10.6% ▲
CSII-15: Proportion of last 6 months of life spent at home or in a community setting	89.3%	90.8%	1.5pp ▲
CSII-16: Falls rate per population aged 65+	18.3	18.4	0.5% ▲
CSII-17: Proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections (2020/21 FY)	74.8%	85.2%	10.4pp ▲
CSII-18: Percentage of adults with intensive care needs receiving care at home	71%	71.1%	0.1pp ▲
CSII-19: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (2020/21 FY)	240	200	16.7% ▼
CSII-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	27%	24.4%	2.6pp ▼

\* Please note that 2020 calendar year figures have been applied for indicators: 11, 12, 13, 14, 15, 16 and 20 in line with Public Health Scotland reporting guidance to eliminate the risk of displaying incomplete SMRO1 data. Data reflecting 2021 was not available for indicator 18 at the time of reporting, therefore 2020 data has been applied. 2020/21 financial year data has been provided for indicators 17 and 19.

East Ayrshire has achieved improved performance across the majority of 'Data' indicators within the CSII throughout 2020/21 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 (16.7% reduction), the emergency admission rate (12.9% reduction) and the proportion of care services graded 'Good' (4) or better (10.4pp increase). The most notable challenges experienced during 2020/21 were the rise in emergency readmission to hospital within 28 days of discharge (10.6% increase) and the premature mortality rate (4.1% increase).

# 3 Our Performance 2020/21

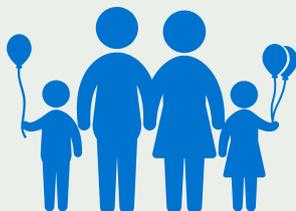
## Outcomes 1-3 :

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

## Our Performance



**95% of babies born at a healthy weight**  
(target 91%)



**Percentage of Looked After and Accommodated Children with three or more moves (as at March 2021) has declined from 45% to 31.5%**



**We continue to exceed target for foster carer recruitment**



**Percentage of P1 children with a healthy weight has declined slightly from 75.8% to 72.7%**

## Delivering our plan & What matters to you

The Fostering Service has continued to deliver key functions throughout the pandemic. Nine foster carers were approved in 2020/21, which is a positive figure considering the impact of Covid-19. The service has attracted foster carers from external agencies in addition to those who are new to foster care throughout this period and a good level of fostering enquiries has been received over the last year, with a number of candidates waiting to join preparation groups at the time of reporting. Ongoing recruitment activity has been key to this, with a mixture of online and radio advertising. Preparation groups were also converted to online formats due to social and travel restrictions to allow our recruitment activity to continue.



**9 foster carers approved in 2020/21**

A new Kinship Support Team was developed during 2020/21 to offer enhanced support to kinship carers in East Ayrshire. The team comprises three experienced social workers who provide dedicated support, advice and guidance to kinship carers looking after vulnerable children. The workers specialise in kinship care and ensure that our kinship carers receive the benefits and payments they are entitled to, in addition to meeting identified support needs. The team have provided tailored support to kinship carers throughout the pandemic, mostly through telephone or teleconferencing due to social distancing restrictions. Kinship carers have welcomed the support offered and it has helped some families to move out of crisis situations.

## CASE STUDY



M is a kinship carer for her niece (L) for whom she has cared since birth due to L's parents' learning difficulties and misuse of alcohol. Caring for L has been stressful for M at times, with a new born baby coming into the family, L having a period of illness, managing abusive phone calls from L's father and the complicated legal processes.

M has managed these challenging circumstances well and contacted the team manager to express her gratitude and appreciation of the social worker who she described as kind, thoughtful and dedicated, adding that during L's illness, she called M every day (including weekends) for an update and to offer support. She spoke of the social worker's persistent calmness when M felt frustrated or upset about events and that she 'would be lost without her input.' L is thriving in this kinship placement.



Throughout 2020/21, our children's houses have been involved in transformation work in regards to service delivery and embedding the aspirations and values of 'The Promise' within their practice. The service ensured that the care and support provided to each young person has been person-centred, coordinated, engaging and empowering, with children's rights being central to all practice.

A trauma informed and holistic wellbeing and therapeutic approach was developed with partners within the reporting period, with investment planned for 2021 to provide social pedagogy training, learning and development opportunities for staff. The service also began to develop its outreach functions on an individual and collective basis, ensuring young people move forward when they are ready and that transitions and preparations for any move are carefully planned and fully supported. The service will be developing its portfolio of supports throughout 2021 to help young people move through periods of change and potential uncertainty by creating more flexible and dynamic approaches to care that better facilitate relationships, connections and transitions.

## 5 adoptive families approved



## 5 children moved from foster care to live with adopters

Five adoptive families were assessed and approved in 2020/21, including one family who were assessed to adopt a group of three young brothers who would have otherwise had to grow up apart. This is a similar number of adoptive families approved as in previous years, despite the challenges experienced associated with the pandemic. Five children were also supported to move from foster care to live with adoptive families in this period. The Service adapted the management

of transitions due to travel and social restrictions, using innovative practice. This included introducing daily video calls from adoptive families in the week before meeting the child for the first time, which involved video calling children to read them a good night story. All children who received video calls enjoyed the experience and this was found to reduce anxiety levels for everyone involved.



## The [East Ayrshire Children and Young People's Service Plan 2020-2023](#)

sets out our long term aspirations, ambitions and services plans for children and young people in East Ayrshire. The Plan celebrates a number of our young people's achievements, perspectives and contributions, in addition

to sharing examples of successful partnership working and improved outcomes.



**Parent:**  
*"Home Link has been such a great help and I really feel positive steps are being made now for the Kids...I can't thank you enough"*

The Home Link Team are currently supporting 191 children, young people and their families on a weekly basis. Due to social distancing restrictions and being unable to conduct home visits, the team have supported families via alternative means since August 2020, with 4,925 phone calls taking place, in addition to 329 garden visits and 581 supportive emails being sent to families within this period.

The team have supported parents and carers with wider requests for assistance, including sharing of resources, reading material and 89 people being provided with wellbeing advice. The team arranged 43 meetings with parents and schools, in addition to 125 parent requests and additional home learning resources from Education within the reporting period.

The East Ayrshire Parental Empowerment Programme was established in partnership with Columba 1400 to co-produce a bespoke East Ayrshire values based parental empowerment programme and staff training provision. The Columba 1400 partners worked together with parents, Families and Communities Education Manager, Parental Engagement Officer, Senior Project leads, Home Link Workers and education staff to co-design a bespoke programme. Workshops and activities were designed to deliver an empowerment programme with selected

parents in their primary or secondary school. Session 2021/22 will take the learning from these pilots to share through professional learning sessions. A suite of workshops were developed to support all of our schools in their parental empowerment journey. Through virtual sessions, four key themes were agreed: On-boarding, Coaching, Wellbeing and Understanding Learning. This work was shared with Head Teachers in March at a virtual launch event.

Jumpstart Tots is NHS Ayrshire and Arran's Tier 2 healthy lifestyle programme, available for families with children aged two to five years of age who are above a healthy weight (BMI > 91st centile). The programme aims to support families to make positive lifestyle changes and to reduce the risk of obesity in young children. The programme offers families a minimum of eight 1:1 sessions, based around individual needs and priorities, in addition to covering key health themes including: healthy meal, drink and snack ideas, practical cookery, menu planning and label reading, active play ideas and establishing healthy routines.

Sessions have been delivered in line with the relevant guidance throughout 2020/21, primarily by telephone or via 'Near Me' teleconferencing, however more recently, sessions have been delivered in the family home. A range of associated work has also been undertaken within the reporting period, including establishing a Child Healthy Weight Early Years Steering Group, production of a robust referral pathway to support the programme and development of a 90 minute virtual training session, which is available to all health visiting staff across Ayrshire and Arran to support and encourage early identification of unhealthy weight.



### Young trainee:

*"It's been great to have my weekly calls, WG13 chat groups and zoom groups which have helped me complete my qualifications. I feel much more confident and positive about my future and can't believe I have got paid employment in WG13 as its a huge step forward"*

During the pandemic, East Ayrshire Council of Voluntary Organisations (CVO) worked remotely with 56 young trainees who were undertaking training courses and working towards completing their SVQ qualifications. CVO staff worked closely with the trainees throughout their training courses and weekly home creative enterprise packs with detailed instructions were provided to enable them to prepare meals and baking at home, helping with life and work skills, in addition to providing a source of food provision for those living in poverty. The trainees recorded and photographed their work every week which contributed towards their SQA unit assessments. The young trainees also participated in activity programmes, challenges and social media group chats, in addition to receiving weekly 1:1 calls and teleconferencing sessions. CVO's young trainees completed 130 SQA units in total towards their overall qualifications throughout the reporting period.

## 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%	92%
Scotland	94%	94%	93%	93%



**People aged 16+ who are current smokers down to 15%**



**Alcohol-related hospital stays declined from 666 to 662 per 100,000 population**



**98.5% of people started drug/alcohol treatment within 3 weeks**  
(target = 90%)

## Delivering our plan & What matters to you

A number of addiction support developments have taken place within the reporting period. A new Rapid Access Drug and Alcohol Service (RADAR) has been created for East Ayrshire residents who are experiencing issues with alcohol or substance use, in addition to providing support for families. All statutory services within East Ayrshire work within this new service which provides a same or next working day assessment and referral. The service also provides access to medication assisted treatment for people who use opiates. RADAR commenced in April 2021, streamlining access for those experiencing issues with alcohol/substances and improving joint working practices for the services who are supporting them. The

service provides quicker and increased access to appropriate services and also more timely access to medication assisted treatment, which should result in fewer drug related deaths.

**Service User:**  
"Great support,  
amazing service"



East Ayrshire's Peer Recovery Network was also developed in this period, with a local group 'Patchwork' becoming registered as a Scottish Charity. The Peer Providers within this group offer valuable guidance, help to build skills and assist with specific needs, to support people on their recovery journey.

The Community Connector team work as part of the multidisciplinary Primary Care team within GP Practices across East Ayrshire to support and strengthen individual and community resilience through a holistic person centred approach. This service provides a range of assistance for people who live within complex and challenging circumstances, with supports being tailored to reflect their needs, views and goals.

### **Service User:**

*"I felt as if my whole world was crashing down around me... I had no idea where to turn or what to do... I don't know where my family and I would have been if it wasn't for the Connector"*

During the Covid-19 pandemic, the team adapted quickly to a different model of service delivery with face-to-face engagement not being possible due to social restrictions. Client support needs were instead met through: emailing, telephone calls, texts, messenger applications and connection through online teleconferencing platforms.

As restrictions eased, the team carried out doorstep visits where essential (for example completion of forms and clients at risk of harm), and subsequently essential home visits to continue to help people achieve their personal outcomes. Throughout 2020/2021, the team received and actioned a total of 805 referrals with the majority coming from GP Practices. The main reasons given for referrals were help with income/benefits, anxiety and depression, which have been consistent themes since the project launched.

## CASE STUDY



Referral through a Health Visitor for 30 year old 'M', whose husband had taken a stroke two weeks earlier. He was entering a rehab programme as the stroke had impacted on his mobility and speech, affecting his ability to maintain his self-employment and provide for his family. M had no idea how she was going to be able

to cope as the family had never been financially unstable before or suffered from serious illness. M was devastated and although she had the strong support of her father, the family didn't know how to access benefits to cover living costs. Initially M was so emotionally distraught that she was unable to speak, however with time and care, the Connector was able to establish the help that the family needed. Services that the family were connected into included: EAC Universal Credit Team, the Financial Inclusion Team, support to download the Chest, Heart and Stroke mobile app, Headway Scotland, East Ayrshire Advocacy and the East Ayrshire Carers' Centre. As the connections were made, the Community Connector remained in contact with the family. As M's husband was due to be discharged from his rehabilitation, the impact and strain due to financial instability had been significantly reduced, allowing M to concentrate her attention on the wellbeing of her family and her husband's recovery.

At the onset of the pandemic, everyone who was open to an Occupational Therapist in East Ayrshire was sent out an informative wellbeing pack to provide additional support during difficult circumstances. The packs included: a 'Coping with anxiety during a Pandemic' booklet, a detailed list of supports available in their area including shopping/medication delivery, befriending and opportunities for volunteering and a 'Things to do in lockdown' leaflet, detailing ideas for activities within the home and garden and the benefits of having structured daily activities. Anyone open to Occupational Therapy who was shielding was also offered additional weekly support via telephone or 'Attend Anywhere' teleconferencing.

The Occupational Therapy team also developed and distributed activity packs to service users with addiction support needs in East Ayrshire during the pandemic. Two different packs have been sent out to date: 'Springtime', focussed on encouraging a positive outlook and increasing activity and sense of purpose and 'Lockdown lifting', focussed on increasing outside exercise to benefit physical and mental health. A further pack is due to be released in the summer 2021, focusing on daily living skills and healthy meal planning. Information will also be included on the Service's Facebook page, which will be easily accessible to everyone.

The Better Health Hub is a service delivered by NHS Ayrshire and Arran which provides support and information on matters that can impact health and wellbeing. The Better Health Hub provided support on a number of health and wellbeing areas throughout 2020/21, including healthy weight, physical activity, mental health and wellbeing and money. During the pandemic, the service initially delivered support via telephone and then later utilised NHS 'Near Me' teleconferencing to provide digital access to appointments. Staff worked

with individuals to identify what their own priorities were for their health and wellbeing and supported them to address these. The Better Health Hub has been aligned to the Staff Wellbeing Hub at University Hospital Crosshouse and has re-opened face to face support for staff.

### **Partner Service Manager:**

*"The advice and support has been invaluable to our staff. The staff have relayed back to me how beneficial this has been as some people do not know the first place to turn"*

NHS Ayrshire and Arran continued to provide the Quit your Way service throughout the reporting period, offering support to people in need of help to stop smoking. Individual and group appointments were paused during the pandemic, however cessation support was delivered via telephone and NHS 'Near Me' teleconferencing as safe alternatives. Nicotine Replacement Therapy was also posted to clients to ensure they had access to the therapies they needed to assist with their quit attempt. Through telephone cessation support, the following numbers of people were assisted on their smoke free journey:

- 791 people signed up to stop smoking;
- 633 people set a quit date;
- 251 people quit at 12 weeks.

### 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



**86.2% of adults supported to live as independently as possible**



**Bed days lost to delayed discharge increased slightly from 3,701 to 3,826**



**Emergency admission rate declined from 15,804 to 13,758 per 100,000 population**



**Emergency bed day rate down from 114,397 to 106,956 per 100,000 population**



**Rate of Emergency readmission within 28 days increased from 113 to 125 per 1,000 discharges**



**90.8% 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 asthma, COPD, heart failure and diabetes reduced to 7,806**

### Delivering our plan & What matters to you

The Orthotics Service delivers care to people with disabilities which affect physical function, cause pain and hinder development. Many patients have long term conditions and depend on Orthotics to maintain mobility, independence and day to day function, in addition to preventing deterioration of a condition. The pandemic presented significant challenges in regards to service delivery, however innovative solutions such as 'Near Me' and other teleconferencing technology enabled the service to maintain contact with patients and colleagues across other services.

During the reporting period, the service received 1,155 referrals and successfully delivered 3,299 outpatient contacts, in addition to 852 in-patient contacts across acute and community hospitals in Ayrshire. Patient needs have been fully met in the vast majority of cases, particularly in supporting people with long-term conditions, supporting discharge, child development and end of life support. In terms of recent developments, the service obtained an RS scan footplate enabling digital biomechanical analysis of foot function which will support diagnosis and orthotic treatment of foot and ankle problems, in addition to a new image scanner, replacing the need to take plaster moulds. These new additions are anticipated to improve patient experience and the manufacture speed of prescribed orthoses.

There are three day service centres in East Ayrshire: Balmoral Road (Kilmarnock), Riverside (Cumnock) and the Sir Alexander Fleming Centre (Kilmarnock). The service carefully considers people's personal interests and abilities in providing person-centred support, activities and learning opportunities to enable them to meet their personal outcomes. The three day service centres work closely together, regularly share information and provide support for each other, which has been particularly important in the last year. Service staff were required to be creative and flexible to deliver services in a different way throughout 2020/21 to ensure that people remained safe. A blended model of care was implemented, incorporating building based, community based and technology based provision, with examples of activities delivered during the reporting period including:

- developing action plans to ensure people felt: connected, valued, respected, reassured, supported, informed, resilient and positive;
- working with people in their own homes;
- delivering 1:1 and group sessions remotely through teleconferencing software, including: yoga, meditation, various exercises and quizzes;
- weekly telephone check calls to ensure people are safe and supported;
- participating in numerous projects and recognising various events;
- partnership working with third sector organisations to deliver activities;

- delivering wellbeing / activity packages and afternoon teas to service users and families; and
- supporting community resilience groups and local services by providing hot meals and sweet treats.

The Intermediate Care Team (ICT) continued to deliver essential care and support to older people within challenging circumstances during the reporting period to facilitate hospital discharge and promote independence at home for up to a six week period. This multi-disciplinary service has contributed towards the avoidance of harm, hospital readmission and long term care home admission, consistently enabling people to achieve their personal care and support needs with the appropriate assistance required.

**Service user:**

*"what an asset all your carers are... it really is a super service that is provided to give people confidence getting out of hospital and back home. They are all so bright and bubbly and put a smile on my mother's face each time they are in"*

**Service user:**

*"the care and support you provided was excellent... has given me confidence back on what I can achieve"*

*"D is extremely happy with the level of support... and feels fully supported with a combination of home support and building based"*



The Care at Home Service is a core element of social care which supports people to live independently and safely in their own homes. This frontline service has played a vital role in our local response to the pandemic, safeguarding the wellbeing of over 1,700 residents in East Ayrshire while being required to work differently in line with infection control measures, such as wearing personal protective equipment (PPE).

with Risk Management colleagues, administrative staff and the Facilities team, allowed protocols to be quickly established to enable staff to manage and adhere to the additional health and safety protocols, safeguarding the wellbeing of our service users and workforce.

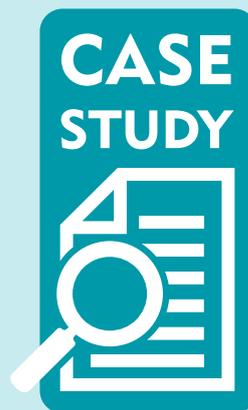
**Family Member:**  
*"We would like to thank everyone involved in dad's care at home. We all valued you so much for all that you did to help...the carers are worth their weight in gold and showed such care and compassion"*

**Family Member:**  
*"You all made my life so much easier. You are an amazing team and my family thanks you so much"*

**Staff Member:**  
*"M is convinced that without our short term intervention her mother would have needed admitted to hospital"*

A best value review of our Care at Home service was concluded within the reporting period to secure ongoing improvement, following extensive engagement with people who use the service, their families and carers. The recommendations of the review were approved by the East Ayrshire Strategic Commissioning Board, resulting in the implementation of a new provision structure comprising: improved salaries, revised roles, defined career pathways and the introduction of a learning academy to support staff development, recruitment and retention.

The Community Alarm Emergency Response Team have continued to provide a 24 hour emergency care service throughout the last year to East Ayrshire residents in the event of a fall, an unplanned care need and technical emergencies to maintain equipment. This service has supported many people to live safely and independently within a range of community settings, contributing towards improved personal outcomes and quality of life. During the pandemic, effective partnership working



A service user's daughter has expressed how grateful she is to the service and can't praise us enough for the high quality of care her mother received. The daughter made reference to being sceptical about having a male carer for her mum, however she was left 'blown away' by the level of compassion and professionalism displayed.

## Outcome 6:

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

## Our Performance



**80% of adults receiving care or support rate it as good or excellent**  
(national average = 80%)



**70% 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%	70%
Scotland	87%	87%	83%	79%

## Delivering our plan & What matters to you

Children and Young People aged 5-18 have been given access to independent advocacy through Scottish Government funding to support them to make their views and wishes known in their hearing and to ensure that their rights are upheld. East Ayrshire Council also granted additional funding for the provision of independent advocacy for looked after and protected children who require support to attend meetings out with the Children's Hearing System. This will ensure that their voices are heard when decisions are being made about their lives, in addition to providing continuity of support. The Service continued to provide 1:1 advocacy for care home residents when decisions were being made about their lives. A consultation exercise was undertaken with residents and staff at the end of 2020 to gain views on their experience within the care home during Covid-19 restrictions. The service has also supported people to access alcohol and drug services to assist them to maintain their recovery and improve their health and wellbeing. Peer Advocates have also chaired online support meetings throughout the pandemic to encourage others to think about recovery.

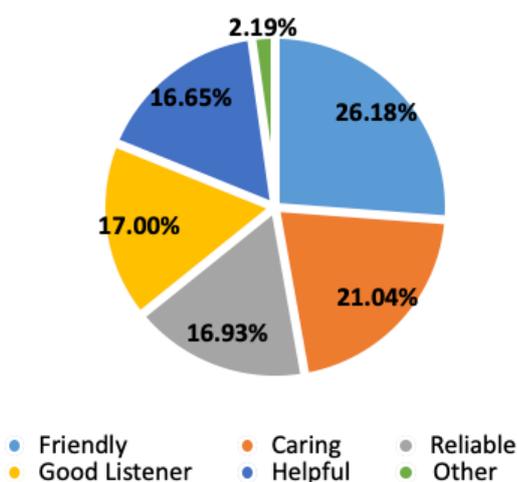
**Participant:**  
*"It [Pathfinder] helps people feel listened to. It feels like something will be done about my concerns"*

The East Ayrshire Technology Enabled Care (TEC) Pathfinder Programme progressed during 2020/21, 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 programme adopted the Scottish Approach to Service Design to engage

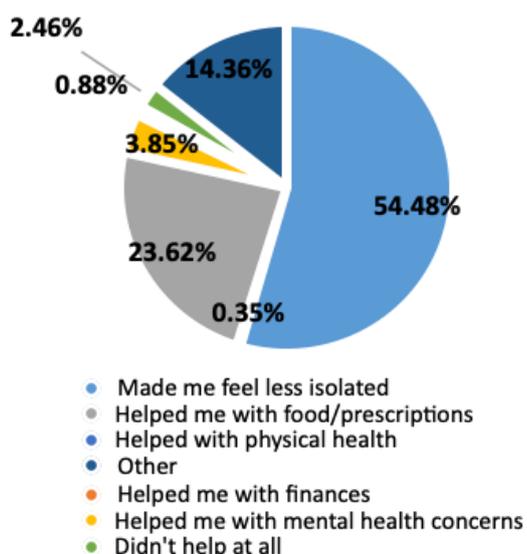
with those living and working in the Irvine Valley to gain an understanding of local issues and views on health, social care and wellbeing services, technology and TEC. The Pathfinder team have worked remotely since March 2020 and during this period, community and stakeholder engagement has continued through socially distanced means, including online interviews, an online survey and paper questionnaires. The Programme has engaged with over 160 participants in the Irvine Valley. An analysis of all research and data collected to date was undertaken and a number of core insights were collated to inform the key learnings and outputs of the Pathfinder Programme.

Feedback was collected in relation to how shielded individuals rated the support that they received from East Ayrshire call handlers, who were responsible for contacting people to check on their wellbeing and for any additional support needs during the first wave of the Covid-19 pandemic. The comments received demonstrated that our call handlers were: positive, friendly, caring, reliable, helpful and good at listening. The feedback also suggests that people valued the regularity of the calls as well as the compassion and practical support that they received from call handlers.

**How was your check call handler?**



**How did the check calls help you?**



The check calls were found to predominantly help people feel less isolated and to obtain food / prescriptions, two factors which were essential for enabling people to shield safely and to maintain wellbeing.

**Shielded people:**

*"Absolutely magic"*  
*"Really supportive"*  
*"Somebody friendly can make your day"*  
*"Very chatty which brightened up my day"*  
*"Friendly and caring"*  
*"Bubbly and really nice"*

**Shielded people:**

*"Was a link to the outside world"*  
*"Nice to see people showing an interest"*  
*"Good to know help was there if needed"*  
*"Raised my self-esteem and confidence"*  
*"Enjoyed the chat"*  
*"Very nice...remembered my grandchildren's names"*  
*"Really enjoyed and benefited from the phone calls"*

**CASE STUDY**



A call handler identified that a lady who was shielding had a love of the outdoors and that they both enjoyed the same walk in their local community. She would carry out her check calls to the lady while she was out on a walk and would describe the flowers and wildlife that she was seeing as well as how the countryside was changing as the weeks were progressing. Both the call handler and the lady who was shielding enjoyed this immensely and the lady who was shielding reported that she really looked forward to the calls every week as it lifted her mood and gave her something to look forward to when she was having some dark days.

During 2019/20, our Adult Mental Health Services received an average of 280 referrals each month, resulting in over 400 people being placed on the waiting list. This demand continued to increase throughout the year, with patients having to wait for up to 102 weeks to receive treatment in January 2020. In response to this situation, investment was targeted to enable the service to significantly reduce referrals and waiting times.

Funding granted by the East Ayrshire Strategic Commissioning Board and from Action 15, allowed the service to appoint a team of Mental Health Practitioners, linked across the 16 GP Practices in East Ayrshire. The Mental Health Practitioners contacted an average of 838 people each month and the majority of individuals were offered information and advice to access support for their mental health within their local community. Referrals into Adult Mental Health Services reduced from an average of 280 to 137 per month, and the maximum wait reduced to 11 weeks at the end of 2020/21, a decrease of 89% since January 2020.

**Service user:**  
*"You were really patient and helped me to feel better about myself"*

**Service user:**  
*"You have lifted a massive weight off my shoulders, thank you"*

**Parent:**  
*"We have enjoyed the support from befriending throughout the lockdown, it's been a really good help to us... it's made these hard situations a little easier"*

## 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



**87% of adults supported at home agree their support is improving or maintaining their quality of life**  
 (national average = 80%)

**85% of care services graded "good" or better**

	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
<b>East Ayrshire</b>	84%	85%	83%	81%	65%	75%	85%
<b>Scotland</b>	84%	81%	80%	85%	82%	82%	83%

## Delivering our plan & What matters to you

East Ayrshire Vibrant Communities implemented a children and young people's befriending scheme which supported 14 young people during 2020/21. A number of sessions and supports were delivered by volunteer befrienders and befriending group staff through 1-1 befriending, family befriending and group sessions, provided across 17 virtual sessions, 10 outdoor group activity sessions, 64 telephone calls, 3 walk and talk sessions and 3 indoor group sessions when restrictions allowed.

The wider families involved in the befriending scheme were also supported throughout the pandemic with regular calls, signposting to other agencies for key supports such as home energy and financial advice, in addition to being provided with activity packs to encourage families to play and connect at home.

**Young person:**

*"I love my arts and crafts pack, it gives me something to do when I am bored"*

Within the reporting period, the Young People, Sport and Diversion Team were awarded funding from Youthlink to implement a new initiative called 'EA Chat'. This would allow young people who felt lonely and/or isolated to text the dedicated EA Chat phone number. A Youth Worker would then contact

the young person and speak to them informally about how they were feeling, offer support / guidance and where appropriate, signpost and encourage them to contact specialist agencies for further support. EA Chat has been promoted throughout the authority, targeting young people and also across our Corporate Parenting partners to ensure that the support is far reaching.

EA Chat has been successful with an increase in the number of young people who are engaging with the Youth Workers. Whilst we would prefer that such a service was not required, it is reassuring to see that young people are reaching out for some support and guidance. Some people did not necessarily require additional support, however just needed someone to talk to as they were feeling isolated from their family / friends due to not being able to see them as often as they previously had done. Our Youth Workers have undertaken training on a number of pertinent workshops to upskill them to be able to undertake coaching conversations with young people. This is vital in ensuring that the information being provided is sufficient and relevant to how they are feeling.

Face to face befriending for older and vulnerable adults was suspended during the pandemic due to social distancing measures, but was replaced with frequent check calls. People in our supported accommodation units received weekly or daily (as required) check visits and phone calls to safeguard their wellbeing and reduce feelings of social isolation. Close links were made with the East Ayrshire Volunteer Centre to expand the telephone befriending offer during this period and collaborative efforts were made to improve the recruitment of and support provided to volunteers.

Various other supports were provided for older people such as meal, shopping and prescription delivery and tenants were also supplied with materials for arts and crafts activities, puzzles and reading, in addition to being given the opportunity to participate in virtual chair

based exercise classes to increase their physical activity. Feedback indicates that the supports provided had a positive impact in mitigating feelings of social isolation / loneliness and on improving general wellbeing.

During the Covid-19 pandemic, CVO's Connect Calls continued to work to reduce social isolation and loneliness and maintain safety for 203 people of all ages in East Ayrshire, performing 217 calls per week (as at April 2021). Connect Calls staff were able to work from home in this period, linking virtually to people, resulting in no interruption to the project. This continued provision provided valuable support and friendship during a very difficult period for vulnerable people in East Ayrshire including older people, people with additional support needs, people with addictions, people who were socially isolated and those impacted by poverty.

**Client:**

*"It was a big step for me as I have been scared to go into shops etc since the first lockdown... so many thanks for that!"*



Excellent partnership working continued in operating this programme, with referrals received from a range of agencies. The team worked closely with East Ayrshire Council and were made aware of potential scams or bogus calls that might affect clients, with this information being passed on during calls. The callers also liaised with other support services on behalf of clients to promote independence and wellbeing. In addition, the 'Brew and a Blether' group was adapted to virtual meetings via a teleconferencing platform. Both Stewarton and Cumnock area groups have become important support networks for the people involved and at the time of reporting, the initial group is gradually reopening in WG13 (Kilmarnock) in line with Scottish Government guidelines.

During the first wave of the Covid-19 pandemic, there were almost 5,400 vulnerable people shielding in East Ayrshire, who required a range of supports to enable them to shield safely in their home environment to reduce the risk of infection. This situation posed considerable logistical challenges due to the nature of supports offered, the number of people who required support, the reduced personnel capacity and the geography of East Ayrshire, which covers almost 500 square miles and comprises rural communities.

**Shielded person:**  
*"The support I been offered/ received as a person requiring to shield has been fantastic, better than I ever anticipated"*

A collaborative approach was taken between Community Planning Partners and the communities of East Ayrshire to effectively co-ordinate and deliver a range of vital supports to those who needed them. Partners including: Vibrant Communities, East Ayrshire Council Customer Services, the East Ayrshire Health and Social Care Partnership, the Scottish

Fire and Rescue Service, third and independent sector organisations, primary and secondary care clinicians, together with a number of local community resilience groups and volunteers, came together to create a joined up and holistic response to support people who were shielding in East Ayrshire. This response included: proactively contacting people to review their required health and social care supports, providing food packages, medication collection and delivery, connection into local community resilience groups, weekly befriending telephone calls, sanitary product provision, dog walking and financial assistance. Employees across the Council and HSCP were rapidly re-deployed to support this work and a number of Community Resilience groups were established to provide ongoing support at a local level.

Since the outset of the Covid-19 pandemic, the Vibrant Communities Service has been involved in making wellbeing calls to some of the most vulnerable people in our communities. While at the beginning this was mainly targeted at people who were shielding and was focused on ensuring people had the support that they required, the support widened to anyone who felt that they would benefit from a regular check call. Over 6,000 calls were carried out by 30th March 2021 with over 2,500 people being called to ask after their wellbeing

during the pandemic. Between 40 and 50 wellbeing calls were carried out each week and many of the people contacted were feeling socially isolated and lonely due to lockdown restrictions, having limited contact with family and friends. The calls offered a 'friendly ear' to people and an opportunity to highlight any issues, with call regularity varying from two times a week to fortnightly depending on individual need.

As part of this work, the Vibrant Communities Service have: arranged for emergency food parcels to be delivered; signposted to the Financial Inclusion Team; organised prescription collection and deliveries; arranged for people struggling financially to have their energy meters topped up with credit; encouraged people to make contact with their GP; arranged house calls to check on the welfare of people that may not be answering their check call; provided advice on the Covid-19 vaccination schedule; referred to Social Work and Housing and encouraged people who have lost loved ones to consider grief counselling. People reporting anxiety and low mood were also linked with Mental Health Practitioners within GP Practices and encouraged to seek further help if required. The calls were gratefully received by many people and made a significant difference to wellbeing and quality of life, as illustrated in the previous section within this Report and below.

## CASE STUDY



A call handler organised for books and puzzles to be delivered to a gentleman who said that he loved reading but had read all of the books in his house. He was so grateful and said that it really made him feel like someone cared and helped to make the days during lockdown pass a bit quicker.

### Service user:

*"It was fantastic to know that I could call and get assistance with prescription collections was great receiving calls to check on how I was coping"*

## Outcome 8:

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

## Our Performance



**Premature mortality rate increased from 492 to 512 per 100,000 population**



**Male and female life expectancy at birth decreased slightly between 2017-2019**



**Rate of early death from cancers down from 160 to 155 per 100,000 population**



**Rate of early death from coronary heart disease down from 66 to 63 per 100,000 population**

## Delivering our plan & What matters to you

The Financial Inclusion Team, together with its partners, has continued to support people in East Ayrshire to access key benefits. During 2020/21, the EA Money team assisted with 1,788 referrals, a decrease of 670 from the previous year, mainly due to the automatic extension of benefit awards for people in receipt of disability benefits. This in-turn resulted in a slight decrease of £158,749 in total financial gains in the year compared to 2019/20, with the financial gains achieved for East Ayrshire residents totalling £3,660,994. This sum takes the total

amount of financial gains on behalf of service users since the formation of the team in November 2013 to £31,753,293.

Throughout the pandemic, Kilmarnock Sherriff Court has been closed, resulting in the In Court Advice role changing considerably. The In Court Advice project predominantly supported existing service users, assisting with debts totalling £131,041 and maximising income

by £40,434 in this period. In 2020/21, the Macmillan Project generated financial gains of £1,126,930 for people living with cancer, an increase of 140% from the previous year. Despite encountering various challenges, the Poverty and Social Inclusion Project achieved £47,851 in financial gains for people in the last year.

Colleagues across multiple services including Housing and within the HSCP, have worked collaboratively to support the resettlement of 57 refugees within our communities as part of the Syrian resettlement scheme. A housing support model was developed in the reporting period which will provide up to six resettlement placements for asylum seeking 16/17 year olds through the UK Government's National Transfer Scheme.

Families and individuals have been supported through the provision of warm, safe and secure homes and support staff have developed their skills in working with vulnerable people who are fleeing conflict or persecution. Support staff have also worked closely with other agencies to ensure those being re-settled in East Ayrshire are coached with the appropriate skills in: managing a tenancy, accessing health services, accessing education / English language classes and accessing community resources to facilitate integration within our local communities, in addition to being provided with emotional support to manage previous trauma experience. This model connects families and young people to local services and assets that will help them thrive, grow and build a network of support that enables freestanding and sustainable independence.



The Universal Credit Support Team aims to reduce poverty by increasing clients' income, identifying issues around food insecurity and energy poverty, in addition to linking with partners to alleviate challenging circumstances associated with poverty. Throughout the reporting period, the team have supported East Ayrshire residents in relation to: all aspects of claiming Universal Credit, increasing income by ensuring clients receive all the benefits they are entitled too, providing claim assistance, claim advice, debt advice and budgeting advice. The team also promoted a range of benefits during this period, including Free School Meals and the Scottish Government's Child Payment.

*Client: "I honestly can't thank you enough for all your help, you have went above and beyond with your help and advice, it makes people who are in my situation realise there is a light at the end of this bleak tunnel"*

## CASE STUDY



L was late in returning a disability form to the DWP, due to a delay with her GP surgery. This resulted in any payment of Universal Credit (UC) being delayed further and the form disappearing between different DWP departments. The UC team contacted the local job centre and a second form was issued immediately and was completed with the client, collecting all the medical evidence by visiting L's home. L received a backdated UC award in the sum of £1409 and is now receiving a monthly UC amount of £701.00 including her Statutory Sick pay. L was genuinely happy that the team had assisted her to resolve the issues she was having with DWP. Due to her ill health, L was stressed with the situation and it felt like a weight had been lifted. She was also due to start health treatments the following month, which she could now concentrate on without worrying about her benefits.

A number of Wellbeing Recovery and Renewal sub-groups were established during the pandemic to address key emerging areas of need, including: food provision, homelessness, financial support, workforce and partner wellbeing, physical health and suicide prevention. The groups brought together key partners from across the HSCP, the Council, the third sector and our local communities, whom worked in partnership to develop and implement detailed action plans to improve challenging circumstances and mitigate risks associated with the pandemic for people in East Ayrshire. More details in relation to this work are provided in section 4 within this Report.

The pandemic has presented significant difficulties for people of all ages and backgrounds in East Ayrshire throughout 2020/21, with such challenges having been intensified for those living in poverty. It was important to ensure that families in need of support from social work services during this difficult period remained in control of their own lives and were able to direct the support they received. Feedback suggests that relatively modest contributions and support packages have made a considerable difference to people. This was evidenced through the use of small grants and self-directed support methods funded by Scottish Government Covid recovery monies. Families could apply for up to £500 through this support to shape their plans with their own personal ideas, with people receiving this support having described themselves as feeling more empowered, trusted and valued. Social Workers have also highlighted that these options have helped people to think differently, with a focus on support that is strength and asset based.

### Service user:

*"Thank you so much for the funding you gave us. It has helped us get together as a family and enjoy time together and rebuild relationships. I hope other families are getting the chance to make good memories in these difficult times"*

## 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 their caring role

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

## Delivering our plan & What matters to you

Unpaid carers provide a vital service to families and communities, but for many it is a part of everyday life and some may not consider themselves a carer, which means that they will not be receiving support that would help them. Evidence suggests that three out of five people will become carers at some stage in their lives and 1 in 10 are already fulfilling a caring role.

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 2020/21. 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 delivers valuable assistance for both adult and young carers. Supports provided in the last year were wide ranging, reflecting difficult circumstances and included:

- Triaging unpaid carers for PPE equipment, liaising with National Carers Organisations and PPE Hubs;
- Working with the Scottish Government, National Carers Organisations, Carers Centres Managers and the HSCP to deliver information letters to unpaid carers to access appointments for vaccines;
- Delivering wellbeing calls, 1:1 and group support sessions to unpaid carers remotely;
- Completing PIP, Carers allowance, attendance allowance, DLA, blue badge, Scottish Welfare and various other benefit applications remotely for unpaid carers;
- Delivering treat packages to carers of all ages, including afternoon tea, craft and pamper packs;
- Identifying families requiring access to technology and working with Carer's Coordinator to secure it;
- Delivering newsletters to carers to keep them up to date with changes and services available; and
- Training pharmacy staff to have conversations with hidden carers and to refer them on.

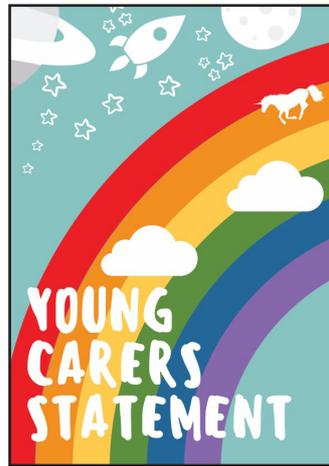
The support provided has delivered a number of positive outcomes including: access to vital benefits, supports and information, reduced feelings of social isolation and increased social connectedness.

**Unpaid carer:**  
*"I can't thank you enough for keeping in touch and I loved the wee newsletters"*

**Unpaid carer:**  
*"I feel connected now I have my tablet – I can zoom you and keep in touch with pals from the Carers Centre"*

Young carers have been disproportionately affected throughout the pandemic, with many taking on additional hours of unpaid care each week to support loved ones. The East Ayrshire Carers Centre identified a considerable number of young people who had undertaken increased caring responsibilities during this difficult period and delivered a range of targeted work to support them, including:

- Young Carer Peer Mentors have supported young carers to complete Young Carers Statements to ensure they continue to think about positive outcomes and removing barriers to realising them;
- Delivering outdoor play items to encourage young carers to exercise and have fun;
- Securing digital technology items to ensure young carers remained connected with staff and their peers, in addition to facilitating their education during the pandemic;
- Delivery of Christmas presents to 300 young carers and their families;
- 1:1 support delivered remotely to young carers experiencing increased pressure, enabling them to discuss their concerns and to access practical solutions;



**Young carer:**  
*"It was good to think about what made me feel relaxed and how I could have a laugh when I worry about my mum all the time"*

**Young carer:**  
*"You have kept me sane and safe when I was feeling lost and alone"*

- Remote leadership academies developed for 2 cohorts of young carers to help them develop their core values and better understand themselves;
- Regular newsletters sent to young carers reminding them about supports available; and;
- Young carers and families have been supported to access 'Time to Live' funding to enable them to get respite from their caring role.

The East Ayrshire HSCP Thinking Differently Team have a key role in supporting our unpaid carers and a range of work was undertaken during 2020/21 to deliver this. The team continued to offer Adult Carer Support Plans throughout 2020/21, in addition to improving processes around capturing the information which feeds into these Plans. The team also worked alongside Connecting Scotland to provide 24 laptop / tablet devices and unlimited free internet to young carers. This allowed them to remain connected to peers and to attend carer support groups, in addition to facilitating their education. The team also worked closely with adult carers who were seeking employment to obtain devices and internet access to assist them in developing their CVs and to apply for jobs online.

The Thinking Differently Team engaged with the East Ayrshire Carers Centre and identified that additional mindfulness support would be beneficial to carers who attend. Thereafter, the team's Health and Wellbeing Co-ordinator delivered a bespoke mindfulness session for carers virtually via a teleconferencing platform, in addition to sharing practical wellbeing resources. The support was well received by all and feedback suggests that the session was very beneficial in terms of providing carers with tools to support their own wellbeing.

## Outcome 10:

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

## Our Performance



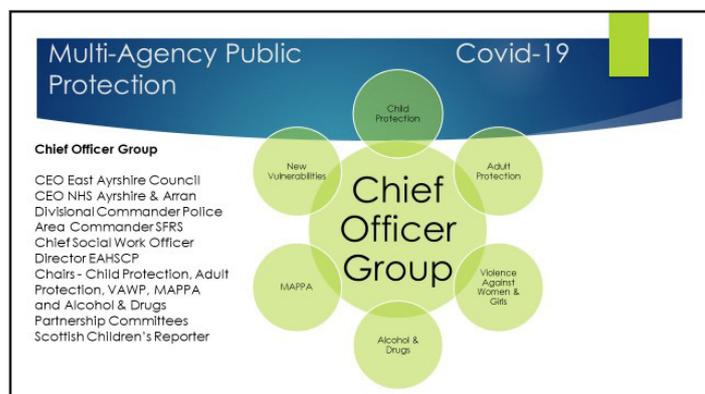
**89% of adults supported at home feel safe** (national average = 83%)



**Falls rate has increased slightly from 18.3 to 18.4 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 Protection and Learning Team, the Violence against Women Partnership (VAWP) and the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group.



In response to the increased risk of harm for vulnerable people during the Covid-19 pandemic, the HSCP established a Multi-Agency Operational Oversight process for Public Protection in April 2021. Six operational oversight groups were set up to support and strengthen multi-agency arrangements for: child protection, adult protection, alcohol and drugs, violence against women, MAPPA and justice and new emerging vulnerabilities.

The groups met weekly and included all key agencies involved in protecting people. The oversight groups also worked with each other on cross-cutting areas of need, such as: work to support carers, people shielding, children impacted by domestic abuse and raising public awareness about the increased risk of harm during lockdown and how to access support. The oversight groups were coordinated through the Protection and Learning Team and reported directly into the East Ayrshire Chief Officer Group for Public Protection. The oversight process ran throughout 2020-21 and is still in place at the time of reporting.



The oversight groups identified risks emerging in real-time as a consequence of the pandemic. As a result of the multi-agency mitigation work, new and effective responses were developed and delivered at speed to ensure that people were protected from harm. Examples include the development of local Safe Spaces for women experiencing violence and abuse, new referral pathways into mental health services, daily risk management meetings to identify and support vulnerable people, bespoke housing and support packages for people released early from prison, increased Call Blocker packages for people at risk of scams and fraud, targeted alcohol interventions and an Ayrshire wide public awareness communication campaign 'Here to Help'.

There has been an increase in the number of probable suicide deaths in East Ayrshire in recent years and whilst care should be taken when interpreting overall patterns of suicide, this has been an area of focussed attention to further develop and upscale preventative approaches.

Local suicide prevention activity throughout 2020/21 has included: raising awareness of the signs of potential suicide through provision of Safetalk training across the workforce, developing trained Suicide First Aiders within the workforce and supporting prevention campaigns through social media. The Suspected Suicide Review Group also continued to meet on a six weekly basis throughout the reporting period to conduct an in-depth review of local probable suicide cases to identify themes and service provision gaps to inform future prevention work.

The East Ayrshire Suicide Prevention Action Plan 2019-20 sets out a framework for improving suicide prevention in East Ayrshire. The vision of the Action Plan is 'HOPE', which stands for:

**H – Humanity: People at the heart of everything we do**

**O – One life too many**

**P – Plans Disrupted**

**E – Everyone empowered to prevent.**

The 'United to Prevent Suicide' group was also established in response to the pandemic in the spring of 2020, led by the wider Wellbeing Recovery and Renewal Group. The group brought together key partners across the HSCP, Council, the third sector and our communities, to undertake a range of targeted activity to prevent suicide in East Ayrshire, as outlined in section 4 within this Report.



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 has increased notably over the last three years. Trends indicate that drug related deaths in East Ayrshire mainly occur in males and are often a result of a combination of drugs and/or additional health conditions and complications. A local Substance Related Death Review Group continued to meet regularly throughout 2020/21 to examine the circumstances surrounding each death in order to identify patterns and trends to inform future prevention work.



Naloxone is a medication that acts as an anti-opioid which temporarily reverses the

effects of an overdose. East Ayrshire has expanded its supply of the life-saving drug Naloxone significantly, with 980 kits distributed within the community between April 2020 and March 2021. As previously highlighted, the new Rapid Access Drug and Alcohol Service (RADAR) commenced in April 2021, providing timely and improved access to appropriate services and medication assisted

treatment, which is anticipated to result in fewer drug related deaths.

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. The EAVAWP responded to increasing need in 2020/21, associated with circumstances relating

to social restrictions. Services quickly adapted to new landscapes and utilised different methods to support families. This included ensuring refuge and temporary homeless accommodation was available, securing PPE for staff, supporting staff to work from home and providing digital, safety, financial and wellbeing resources to families. The Violence Against Women Operational Oversight Group was formed in April 2020 to ensure multi-agency public protection activities retained a focus on violence against women and girls' issues during the pandemic. The group met regularly, bringing together operational members to provide service updates.

A range of multi-agency work was undertaken to support vulnerable people during the pandemic, including:

- 16 Days of Action to Eradicate Violence Against Women;
- Numerous Equally Safe workforce developments;
- Information on how to conduct telephone counselling circulated to assist practitioners;
- All Head teachers were advised of the Women's Aid supports available for pupils;
- Contact and Trace staff made aware of domestic abuse and coercive control factors and supports
- Safe Spaces initiative progressed with training provided in relation to the pathway
- Promotion of 'Ask for ANI' scheme at Emergency Departments and via wider Health staff; and
- Ayrshire-wide communications campaign developed highlighting hidden harms and promoting that services were open, accessible and that support was available.





The EAVAWP's [Strategic Plan for 2021-24](#) was published in the reporting period, which identifies key issues surrounding violence against women and outlines the actions collectively agreed to tackle

them. The Plan highlights key national and local context and sets out the Partnership's vision of:

*'Working together to improve safety, wellbeing and equality for all women and girls in East Ayrshire'.*

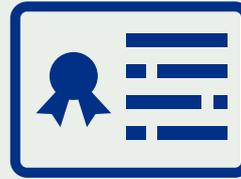
NHS Ayrshire and Arran developed a range of resources and guidance within the reporting period to support staff working with those who may be experiencing domestic abuse as a result of Covid-19 restrictions. This has included adapting existing resources through a Covid-19 lens and developing new resources to support staff carrying out telephone and virtual appointments. In addition, NHS Ayrshire and Arran has developed guidance for staff and managers on domestic abuse and continues to support staff who are experiencing domestic abuse through the Gender Based Violence Policy.

During 2020/21, NHS Ayrshire and Arran worked in partnership with Women's Aid to adapt the Routine Enquiry and Ask, Support and Care Training Programmes, ensuring that staff continue to identify and respond effectively to abuse through adapting their approach and utilising key opportunities for engagement. Additional training and resources have been disseminated across a range of NHS services including dental and optometry, identifying opportunities to engage with those experiencing domestic abuse. Various other initiatives have also been implemented locally in response to the pandemic, including the local Safe Space Initiative and the Smile on Service within the Public Dental Service.

## 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



**67% of personal carers qualified to SSSC standards.**

## Delivering our plan & What matters to you

Our Workforce Support and Development Plan 2018-21 outlines our ambition to have the right people with the right skills in the right place at the right time. Our interim Workforce Plan for 2021/22 will be developed and delivered in 2021/22, followed by the development of workplace plans to enable delivery of our strategic ambitions. The most recent local evidence indicates that three-quarters of the Partnership's workforce would recommend the organisation as a good place to work.

As we strive to become an employer of choice, the things that matter to our workforce, matter to the Partnership. During 'normal' circumstances, local surveys are distributed periodically to allow us to understand how our workforce feel about their role, their department, the organisation and those leading it. It is important for us to reflect on what we do well, however it is also crucial to identify areas where we could improve to ensure we attract and retain the best possible workforce.



## Outcome 12:

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

## Our Performance



**83.5% of adults supported at home agree their health and care services seem well co-ordinated** (national average = 73.5%)



**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 areas which contribute towards reducing demand, effective service delivery and sustainable models of care, in line with our strategic priorities and the triple aim of 'better health, better value, better care'.

Following a best value review of the Care at Home Service, it was identified that the planned installations of Community Alarms would be transferred to the Community Equipment and Adaptations team. Despite challenges associated with Covid-19 restrictions, two members of staff were transferred from Community Alarms to the Equipment Store in January 2021 and new processes and procedures were developed to integrate alarm installs within the team. This successful transition has freed up resources within the Community Alarm Responders team to provide a more effective and efficient service to our communities, with planned installs no longer being cancelled at short notice if responder resources are needed on more urgent work. The Community Equipment Service has operated throughout the pandemic to keep people safe in their own homes

and to support hospital discharges, in addition to carrying out thousands of installations, deliveries and uplifts by working closely with colleagues in Occupational Therapy and the NHS.

The continued implementation of a new social work information system (Liquidlogic), has been an ongoing development during the reporting period, with the system being central to the storage and management of records for people in contact with social work. Due to restrictions throughout the pandemic, some areas of development were postponed, with a focus placed on supporting colleagues through this transition and making improvements. The restricted ability to provide face to face training and initially limited remote I.T solutions, made this process challenging for all involved, however colleagues have been resilient and have worked collaboratively. Feedback is frequently received from system users and enhancements to reflect business requirements and simplify recording processes will continue in 2021/22. The implementation process was an extensive piece of work, ensuring that the system would provide key benefits, such as reducing recording time and duplication, improving accuracy and enhancing workload management.

A new finance system (ContrOCC), was also implemented and integrated with Liquidlogic in the reporting period, which has provided a number of benefits, particularly in relation to Self-Directed Support payments, care home and care at home invoicing and residential accommodation charging. ContrOCC has automated various operational processes, resulting in considerable resource efficiency in terms of removing the need for time consuming calculations, re-assessments and issuing of paper invoices.

It is recognised that the pandemic has significantly impacted on the implementation and embedding of Liquidlogic, resulting in system users currently lacking confidence and not utilising all available functions. A Development Board has been established to oversee and agree ongoing service priorities in the development of Liquidlogic and ContrOCC to realise the full potential of the systems.

The Partnership's programme of best value service reviews commenced in 2019, with the aim of securing service improvement by identifying more effective and efficient ways of delivering services through a person-centred approach based on collaborative design principles. A number of reviews were delayed due to Covid-19 related pressures during 2020/21, however best value service reviews of Care at Home (Older People) and Day Services (Adults with Learning Disabilities), were completed in this period, with further reviews of Fostering and Adoption, Kinship Care and Children's Houses also being progressed. A range of targeted improvement actions were identified across these services to enhance various aspects of delivery, which is described in more detail in section 7 within this Report.

The pandemic has impacted on the Community Occupational Therapy Service significantly in the last year. The waiting list for this service reached a high of over 320, with people waiting up to 39 weeks to access. Activity to support people back into their daily routines was restricted, resulting in higher levels of home care from the team. To address this, the service undertook a combination of actions, including: staff volunteering to work extra hours, supported through Covid Mobilisation funding; improved allocation and monitoring procedures; recruiting to vacant posts; and service remobilisation planning, following Government/health and safety guidelines.

This enabled the service to target additional resources to ensure people were seen more quickly, addressing various implications such as isolation and inactivity, and supporting people to lead fuller lives during the pandemic. As a result, the waiting list that had risen to over 320 in August 2020, was brought down to 51 in March 2021, while continuing to receive positive feedback from people and our workforce.



**268  
adult  
protection  
referrals and  
2,398  
adult concern  
referrals  
received in  
2020/21**

**Overall annual  
reduction  
of 23% in  
referrals**

## 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 (96.5%)**



**88% of Community Payback Orders successfully completed within the year**

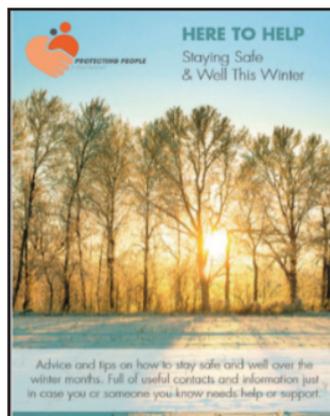
## Delivering our plan & What matters to you

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

2020/21 has been a challenging year for everyone and this was reflected in the types of harm and risks that people have experienced. East Ayrshire's Covid-19 multi-agency public protection oversight structure established the ASP Operational Oversight Group in April 2020, which became central to real-time decision making to support the required changes to ASP processes and practice during the pandemic.

Partners have worked collaboratively to support our communities during the pandemic, with examples of work undertaken to protect people from harm and increased risks in this period including:

- multi-agency guidance produced in relation to hoarding to support the community and our workforce;
- dedicated team established to support people who were shielding, providing 7 day support and an immediate response to urgent needs;
- Adult Protection Committee and partners promoted the national Adult Support and Protection Day, East Ayrshire campaign reached 89,971 people on Social Media;
- East Ayrshire HSCP Thinking Differently Team worked with East Ayrshire Carers Centre to mitigate Carers' stress by refreshing and communicating the Carers Centre Information Leaflet to ensure Scottish Government funding was accessible;
- Financial Health and Wellbeing Partnership established 7 groups to address: fuel poverty, child poverty, finance/debt, employability and training, health awareness, food insecurity and housing issues;
- Trading Standards service continued to alert the public to the latest scams; and
- Public protection partners in collaboration with East Ayrshire CVO, produced a 'Here to Help' brochure, providing advice on how to stay safe and well over the winter.



**Community member:** *"What a fabulous and much needed initiative this is! Well done East Ayrshire for promoting it!"*

The pre-liberation programme delivered at HMP Kilmarnock aims to provide prisoners who are nearing liberation back into the community with information which will support with their transition. The programme was adapted in the reporting period from face to face workshops to written format, incorporating advice and information in relation to a range of health and wellbeing areas such as: how to open a bank account, CV writing skills, medicine management, fire safety, naloxone training and healthy eating information.

Police Scotland have continued to engage with partner agencies throughout the pandemic, particularly with those who work with the most vulnerable people in our communities and those who are in regular contact with members of the public to ensure they have the knowledge and information they need to keep themselves safe. Work was undertaken with partners including Vibrant Communities, the Adult Support and Protection Team and Age Scotland to share information and advice about bogus callers and doorstep safety, which could be shared with colleagues and service users.

The East Ayrshire Police Division's social media footprint has also been developed in the reporting period, with routine crime prevention advice being shared to allow people to directly access useful information and guidance. This has been further supported by partnership sharing and engagement. To reinforce this online messaging, where possible and subject to restrictions, officers have continued to display community safety posters in key areas where public attendance has remained despite the lockdown, for example in GP Practices and Kilmarnock Bus Station.

The East Ayrshire Police Division have worked on a partnership initiative with East Ayrshire CVO to improve community safety and reduce re-offending in the Kilmarnock Town Centre area. This is achieved by providing tailored opportunities for individuals to access support and tackle the root causes of offending, maximising opportunities for collaboration between public, private and third sector organisations and providing a more joined up and collaborative approach to crime prevention and safety in the area.

The collaborative approach taken by Police Scotland and East Ayrshire CVO has overseen an improvement for people who have been identified in the town centre for re-offending, with results indicating that there is positive progress with individuals who are now engaging with services that positively influence their behaviour and divert them away from re-offending. Officers have also referred people to the RADAR service, to provide them with rapid access to substance treatment in the community, which has been found to tackle a root cause of re-offending.

Evidence suggests that up to 80% of adult prisoners present with speech, language and communication needs, which can be difficult to identify and are often unknown and therefore unmet. Speech and language interventions can have a positive influence on various determinants of re-offending, including an individual's ability: to understand and engage with police and court processes, to access and engage with offender programmes and to engage with other interventions and agencies that support health and wellbeing.

Covid-19-related restrictions impacted on opportunities to undertake group work within the prison setting throughout the last year, however the Speech and Language Therapy team continued to identify needs and provide input on an individual basis. The team delivered various support activities during 2020/21, including:

- screening all new prisoners for speech, language and communication needs at reception to identify those who would benefit from specialist interventions;
- provision of easy to read materials and resources to help understanding of prison processes and rules;
- advice given to partners including prison custodial staff, social work, and forensic psychology, on how to modify communication to improve participation;
- provision of speech, language and communication awareness training to all new custodial staff; and
- introducing a communication champions programme for custodial staff.

Feedback from patients during the reporting period has been encouraging, with people reporting: improved relationships with family members, intentions to volunteer upon liberation, an increased awareness of how to communicate assertively and improved abilities in resolving conflict and navigating difficult conversations.

The primary role of Occupational Therapy within the prison is to provide assessment and intervention that assists the individual in building a non-offender identity. This is achieved by supporting the person to develop a sense of personal capability and control. The service supports individuals to build relationships that provide emotional and practical support, as well as assisting the person to develop a social role that provides a sense of belonging and citizenship.

The Occupational Therapy Service has been unable to provide group interventions over the last year due to Covid-19 restrictions, however a range of 1:1 sessions and other supports were delivered within the reporting period, including:

- enhancing life skills such as cooking, menu planning and budgeting;
- using the Recovery through Activity and Re-motivation approach to support individuals to consider the benefits of purposeful activity;
- psychological education around anxiety, fatigue, sleep, and other symptoms management;
- provision of guidance and reports to inform Risk Management Team, Integrated Case Manager and parole hearing decision making;
- provision of guidance on purposeful activity opportunities in the community prior to liberation; and
- maintaining close links with community staff to ensure continuity of care on liberation.

Positive feedback has been received from patients regarding this input, with individuals highlighting benefits in relation to their: confidence, self-efficacy, self-esteem, life skills and mental health.

A lack of suitable housing and associated supports are key factors for re-offending in East Ayrshire. Despite the significant impact of Covid-19 on service provision, the Ayr Housing Aid Centre's Prison Housing Advice Service and the Housing Options Team continued to work collaboratively and adapted their service provision throughout 2020/21 to ensure those exiting prison were identified at an early stage and provided with suitable accommodation on release. This included those identified within the early prisoner release programme, involving close collaboration across services.

A range of work was undertaken during this period to support those exiting prison with evidence of positive outcomes, including:

- mobile phone provision to enable people to contact essential services and maintain support networks;
- people experiencing homelessness were provided with temporary furnished accommodation to limit the spread of Covid-19 and provide a space for self-isolation if required;
- promotion of Covid-19 awareness prior to release to ensure safety;
- 34 homeless persons interviews were carried out within HMP Kilmarnock prior to liberation;
- 11 applicants received an offer of a permanent tenancy prior to their liberation date, allowing tenants to plan ahead and for additional work to begin such as applying for welfare benefits, sourcing furniture and registering for a GP Practice in advance of liberation; and
- homelessness was prevented for 49 service users who retained their tenancies and returned on release.

The completion of homeless applications at the earliest opportunity expedites the re-housing process and allows early intervention, housing options discussions and future planning prior to release, which can reduce the likelihood of re-offending. Individuals are included and updated at all stages of their application process, allowing them to feel more prepared and less anxious prior to liberation.

Mental Health Officers (MHOs) support and protect vulnerable people with a mental disorder, with their responsibilities including: protecting people's health, safety, welfare, finances and property, safeguarding rights and freedom, court duties and public protection relating to mentally ill offenders. The MHO Service continues to meet statutory demand and requirements in respect of the local authority's duties for Mental Health Act and Adults with Incapacity (AWI) legislation. Considering the impact of AWI easements facilitated by the Coronavirus legislation, it is anticipated that there will be additional pressures placed on the MHO Service to manage the back-log of AWI renewals. In response, the MHO Service has secured additional resource to manage this demand through the appointment of a 13hrs additional dedicated MHO post. East Ayrshire Council continues to support annual recruitment to the MHO Award to support the Retention and Recruitment Plan for the MHO service. Two candidates completed the 2020/21 programme and are awaiting results at the time of reporting, with appointment anticipated in July 2021.

## 4. Our Covid-19 Journey

Covid-19 has presented the greatest challenge to public health for generations, with the pandemic and associated social restrictions having had a profound and unprecedented impact on many aspects of life and wellbeing over the last year. The wellbeing of our population has been central to East Ayrshire's response to the pandemic, with a focus on providing essential services to those most vulnerable in our communities.

The effects of the pandemic have also been endured in an operational context across all services and organisations, with measures introduced to protect people having considerable implications for service provision. Despite the challenges experienced, the health and social care workforce has demonstrated remarkable resilience, flexibility, innovation, and an unwavering commitment to supporting vulnerable people in our communities to safeguard their wellbeing.

### Health and Social Care Provision during the Pandemic



The Partnership performed an instrumental role in the local response to Covid-19, having initially mobilised in March 2020 to ensure the continued delivery of safe and effective services to protect those most at risk in our communities. This response required a co-ordinated and swift transformation in the way services were delivered by the Partnership and East Ayrshire Council, which involved the redeployment of staff to undertake key roles to provide capacity in critical provision areas,

such as meal deliveries, undertaking wellbeing calls to shielded individuals and care at home provision.

Due to the significant risk to wellbeing, arrangements were carefully considered in line with national guidance and quickly established across all HSCP services to ensure service users and our workforce were kept safe. A range of operational changes were established to support infection prevention, including: the use of

personal protective equipment (PPE) to maintain face to face contact where essential, enabling staff to work from home, regular team meetings held remotely using teleconferencing platforms and utilising alternative methods of delivery to maintain contact with service users, including digital solutions, telephone contact and home support. A number of oversight groups were also established with relevant service management representation and frequent meetings to co-ordinate our local response to the pandemic, including an East Ayrshire Covid-19 Leadership Group and a Pan-Ayrshire Community Primary Care Group which provided collaborative oversight of key operational arrangements.

HSCP services at all levels have overcome extraordinary challenges during 2020/21 on an unprecedented scale, including: workforce gaps, barriers to communication, equipment supply and numerous operational pressures, to ensure continued delivery of key services for people in East Ayrshire. In achieving this, our staff have successfully adjusted to new and blended ways of working, such as working remotely using new technologies and virtual platforms to engage and communicate with service users, and adhering to health and safety guidelines, including the use of PPE and workplace restrictions. Some services were initially paused to prioritise high impact areas of provision and a number of offices were closed to the public, with others remaining operational with a reduced workforce, following strict social distancing measures. All changes to service delivery were communicated in a coherent and timely manner to supported people, families, carers and staff through external and internal communication methods.

Examples of continued health and social care provision throughout the last year are highlighted in the 'Our Performance' section within this report, with some examples including:

- care at home service delivered to over 1,700 people across East Ayrshire to meet daily support needs, contributing towards the wider health and care system;
- continued provision of addiction support services, with 980 Naloxone kits distributed within the community and the establishment of the new Rapid Access Drug and Alcohol Service;
- the Fostering and Adoption Panel continued to meet, allowing for the approval of 9 foster carers and 5 adoptive families in 2020/21, along with continued permanence planning for children;
- NHS Ayrshire and Arran's Better Health Hub continued to provide support remotely on various health and wellbeing areas, such as healthy weight, physical activity, mental health and money;
- a range of day opportunity activities were provided for adults with learning disabilities, including: weekly telephone contact, provision of activity packs and delivering 1:1 / group sessions remotely;
- the Public Protection and Learning Team implemented an operational oversight process to support multi-agency public protection and to mitigate the additional risks caused by lockdown;
- teams across health and social care services contacted shielding individuals on a regular basis to provide additional support and to arrange for the delivery of essential provisions if required; and
- the Financial Inclusion Team and its partners continued to support people to access vital benefits, achieving £3,660,994 in financial gains for East Ayrshire residents in the reporting period.

Our nineteen partner care homes have overcome significant challenges to support and safeguard the wellbeing of over 650 people in very difficult circumstances throughout the last year, having demonstrated exceptional commitment, compassion and resilience. Feedback from experienced managers conveys feelings of: devastation, anxiety, fear, personal loss, bravery and despair, with some stating that 2020/21 has been the most difficult period of their career.

A range of vital supports were provided to our partner care homes throughout the pandemic in response to the significant challenges experienced and the difficult circumstances faced by residents, including:

- multi-agency meetings held to provide additional support to partner care homes with residents who were confirmed Covid-19 cases and employees who were self-isolating;
- frequent virtual meetings held between the HSCP and care home managers to provide bespoke support;
- dedicated support from the East Ayrshire Council Health and Safety Team in relation to risk assessments;
- provision of numerous practical supports, such as sourcing PPE for staff;
- co-ordinating volunteers to provide support with collecting prescriptions and personal provisions;
- provision of communication devices for people requiring support to connect with family and friends;
- Health and Wellbeing Team members reached out to communities, including making up and delivering gift hampers for care homes and arranging for school pupils to connect with local care home residents.





The support collaboratively provided to our partner care homes throughout the pandemic made a notable difference to both staff and residents, demonstrating the importance of partnership working across organisations and communities in achieving positive outcomes for people. Strong and supportive relationships across the HSCP, external care home providers, Public Health and East Ayrshire Council, were critical to the successful delivery of these services during this challenging period.

## Workforce Planning

The health and social care workforce is our greatest asset and this has been demonstrated throughout the last year, with the commitment, flexibility and resilience of our staff having been fundamental to the continued delivery of essential services during the Covid-19 pandemic.

There have been a number of workforce planning and operational challenges during 2020/21, such as resuming

paused and scaled down services, fully understanding the impact of Covid-19 on our communities and workforce, and managing a second wave during the winter period, alongside many others highlighted in this Report. In response, our workforce plans have been reviewed and updated, considering new circumstances and priorities, lessons learnt and innovations, in addition to the skills and experience available to the Partnership. Effective workforce planning will continue to shape the future of our services in delivering recovery and renewal ambitions, and positive outcomes for people.

Workforce data was frequently reviewed to predict absence rates and periods of increased demand, which contributed towards the early planning of our local response to support focussed service delivery at the onset of the pandemic. An increase in sickness absence was experienced across the HSCP at the beginning of 2020/21, however absence rates soon declined to a pre-pandemic level. Successful recruitment of Personal Carers immediately prior to the pandemic outbreak was crucial in maintaining sufficient care at home capacity and to our wider health and social care response. Further workforce requirements were met through redeployment and induction of staff, with support from Human Resources and Trade Union involvement. Targeted additional resources were invested in our health and social care services as part of initial mobilisation planning to increase social care capacity to alleviate pressures across the health and social care system arising from complex care and to ensure contingency capacity in situations where staff were unable to work due to self-isolation, sickness or shielding.



## Workforce Wellbeing

A range of measures were put in place at the onset of the pandemic to protect the physical health of all staff across the HSCP, including the provision of PPE and social distancing restrictions in the workplace, as detailed earlier in this section. A working group was established to develop emotional and practical wellbeing support for the Partnership's workforce, our communities and wider sectors. Numerous measures have been put in place throughout 2020/21 to proactively and inclusively support staff, including:

- distribution of a Mental Wellbeing Toolkit for managers;
- regular internal communications with detailed support and contact information;
- access to digital platforms to maintain supervision remotely;
- access to 'Spaces for Listening' sessions;
- creation of the 'Wellbeing in East Ayrshire' webpages; and
- a dedicated financial advice resource.

The Partnership appointed a Health and Wellbeing Co-ordinator within the Thinking Differently Team to deliver bespoke wellbeing support for the HSCP workforce and wider partners. The wellbeing supports made available were wide-ranging and included: management, team and 1:1 level supports, ad-hoc advice and guidance, tailored health and wellbeing training programmes and signposting to other useful resources and services. In addition to the above, the Wellbeing Co-ordinator developed a virtual programme of health and wellbeing supports for staff, which incorporates Mindfulness sessions, a 12 week programme of workshops (including yoga, guided relaxation, emotional freedom tapping and self-massage activities) and a 4 week 'Finding Inner Calm' programme to manage anxiety.

## Impact of Covid-19 on our Communities

The Partnership co-ordinated the East Ayrshire Wellbeing Community Conversation between July and October 2020, which was a significant piece of community engagement that gave East Ayrshire residents an opportunity to share: what matters most to them, how

they are feeling, the impact of Covid-19 on their health and wellbeing and their experience of using health and care services during the pandemic.

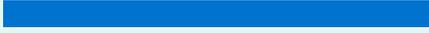
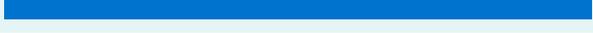
Engagement activity was delivered by a range of partners and various options were made available to enable people to get involved. A good response was received across the conversation and a number of key themes were identified from this engagement, which are set out below. More detailed findings are available in the HSCP's [Strategic Needs Assessment](#).

- **Mental Health**
- **Physical Health**
- **Social Isolation and Loneliness**
- **Substance Use**
- **Finances / Economic Status**
- **Bereavement / Loss**
- **Communities**
- **Digital Access / Utilisation**
- **Caring Responsibilities**
- **Health and Care Services**



# Health and Care Services

Residents were asked to rate any health and care service they had used during the COVID-19 pandemic as better, worse or the same as prior to the pandemic in relation to five key themes.

Ease of access		
Better than before COVID19	16.1%	
Same as before COVID19	37.6%	
Worse than before COVID19	46.2%	
Waiting time		
Better than before COVID19	22.3%	
Same as before COVID19	39.1%	
Worse than before COVID19	38.6%	
Quality of service		
Better than before COVID19	12.6%	
Same as before COVID19	53.3%	
Worse than before COVID19	34.1%	
Treating you as a person		
Better than before COVID19	13.3%	
Same as before COVID19	60%	
Worse than before COVID19	26.7%	
Result you got		
Better than before COVID19	11.1%	
Same as before COVID19	53.8%	
Worse than before COVID19	35.1%	
Total		
Better than before COVID19	15.2%	
Same as before COVID19	48.6%	
Worse than before COVID19	36.2%	

Only 15% of answers denoted a positive experience with criteria relating to the ease of access and waiting time receiving the best results.

Conversely, over 1/3 of responses (36%) indicated a negative experience especially in relation to ease of access of service, waiting time, and the quality of service provided.

Almost half of respondents noted that their experience with services was unchanged from prior to the Covid-19 pandemic.

## Physical Health

60.9% of residents indicated that their physical health and fitness had been impacted by the pandemic, whilst 20.6% reported that their long term conditions had been impacted.

Low fitness, weight gain and decreased mobility were some of the negative themes although, positively, healthier eating, increased exercise and feeling less physically tired were also highlighted.

*"eating healthier as eating home cooked meals"*

*"less active"*

*"unfit and sore"*

## Finances

Household finances of 28.8% of residents have been affected by the pandemic and 44% of people working prior to the pandemic have had their work affected. Feedback in relation to economic status indicates that furlough, the fear of redundancy and employment uncertainty are key concerns.

*"waiting to hear if I've been made redundant"*

*"furloughed by my work....I feel I've been deserted"*

*"terrified about future work or lack of potential job"*

## Childcare

Working from home and giving children attention was the major difficulty highlighted although, for others, there was more time and flexibility for childcare.

*"More flexible working/childcare and time with family outdoors"*

## Communities

A range of varied comments were made regarding communities with several highlighting an increased sense of community spirit and willingness to provide support.

*"communities pulling together"*

*"helping those in need"*

## Substance Abuse

All comments in relation to alcohol, drug or tobacco use were positive, with a number of references made to quitting smoking and reducing alcohol and drug intake.

*"drinking less and less often"*

## Social Isolation

39.5% of residents identified social isolation and loneliness as one of their main concerns. Feeling forgotten about, struggling with ill health, addiction and bereavement were all contributing to the feelings of isolation and loneliness.

*"fearful of being alone"*

*"still feel lonely"*

## Recovery

A range of feedback was received relating to support from specific service areas that would help residents achieve the things that matter to them.

*"financial help and support"*

*"face to face access to services"*

*"easier access to GP services"*

## Safeguarding Wellbeing during the Pandemic

There were approximately 5,400 people shielding in East Ayrshire during the first wave of the Covid-19 pandemic, 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. As previously highlighted, teams across the HSCP, Council, NHS and wider sectors continued to deliver essential services for people utilising safe, alternative, innovative and blended ways of working. Staff across East Ayrshire Council services have made wellbeing calls to some of the most vulnerable people within our communities since the outset of the pandemic. As at March 2021, between 40 and 50 wellbeing calls were carried out each week, which have:

- arranged for emergency food parcels and prescriptions to be delivered;
- arranged for energy meters to be topped up with credit;
- arranged house calls to check on the welfare of individuals that do not answer their regular check call;
- provided advice on the Covid-19 vaccination schedule;
- referred people to social work, housing and NHS services;
- encouraged people who have lost loved ones to consider grief counselling;
- signposted people to the Financial Inclusion Team;
- eased feelings of social isolation; and
- promoted mental health practitioners within GP practices.

Accessible sources containing practical wellbeing support information were developed for people in East Ayrshire during 2020/21 in response to the difficult circumstances experienced associated with the pandemic. A bespoke Wellbeing Pack was created and distributed to everyone in East Ayrshire who required to shield, sent in hard copy and made available digitally. The pack contained information about local resources available to support people while they shielded. A [Wellbeing in East Ayrshire website](#) was also created to support residents to look after their physical and mental health during the pandemic. The website contains a range of useful content and links relating to numerous areas such as: general wellbeing, mental health, activities, financial assistance and children and young people. In addition, NHS Ayrshire and Arran published quality assured health and wellbeing information in relation to keeping well during the pandemic on its [Better Health website](#). Hard copy versions of this information was also printed off and shared with partners in East Ayrshire for local direct distribution to those who may not have digital access.

A Wellbeing Recovery and Renewal Group was established during the reporting period, with membership spanning across the HSCP, the Council, the third sector and local communities. Group representatives worked in partnership and established sub-groups reflecting key priorities, which subsequently developed individual Action Plans and implemented a range of wellbeing activities in response to the pandemic. The eight sub-groups taking forward this work and examples of each group's achievements are set out below.

## Workforce and Partner Wellbeing

- 40,000 wellbeing 'z-cards' developed and distributed.
- Wellbeing section on Council website with a wide range of resources and Wellbeing Support Directory.
- Wellbeing support programmes for our care home staff.
- Wellbeing Co-ordinator providing support for our staff and partners.

## Food for All, Food for Life

- Catering Services delivered 3,260 food parcels to the families of all school pupils entitled to free meals.
- Establishment of Food Larders to support the broader wellbeing agenda for all, working with third sector organisations and community groups to provide food larders in areas of greatest need.
- Provision of pressure cookers, recipes, ingredients and clothes washing facilities for the most vulnerable.
- Extension of food bank opening hours to seven days a week and evenings.

## Safe as Houses

- Joint work on sustainable tenancies, early intervention and income maximisation.
- Streamlining reactive processes and establishing education/training programmes and referral pathways.

## Financial Health and Wealth Partnership

- Working with Ayrshire College and two local Credit Unions to develop a loan package for students.
- Financial education project developed with the Citizen's Advice Bureau.
- Provision of financial help for new housing tenants.
- Recruitment of 3 trainee debt advisors in Citizen's Advice Bureau and 2 staff in Financial Inclusion Team.
- Support for residents in relation to fuel poverty.

## #Active EA

- Introduction of new weight management strategy.
- Publication of Recreation Plan.
- Focus on providing a more holistic approach to physical activity and health improvements.

## United to Prevent Suicide

- Production of 40,000 'Here to Listen' z-cards.
- Updated 'Here to Listen' internet page, including details of Suicide First Aiders.
- Rolling programme of awareness raising via social media and 'Here to Listen' messages installed on fleet.

## Social Isolation and Loneliness

- Maintaining personal contact via tele-befriending, check calls, gate visits and Community Connectors.
- Numerous communications, building on the 'End Loneliness Together' campaign.
- Training provided in relation to Digital Skills and Social Media.

## Volunteering

- Development of Covid-19 volunteer database.
- Local co-ordination of the 'Scotland Cares' volunteer recruitment campaign (over 1,300 in East Ayrshire).
- Matching and deployment of volunteers in Community Resilience Hubs.

This innovative and collaborative work was recognised through the iESE Public Sector Transformation Awards by receiving a Certificate of Excellence in 2021.



## Recovery and Renewal from Covid-19

Following our initial response to the pandemic, a main focus for health and social care services has been recovery and renewal from the impact of the virus. The Partnership's empowered, flexible, collaborative and place-based approach to recovery and renewal, and provision of effective supports to protect people in our communities, have been defining features of our overall response to the crisis. This has been a significant and transformational endeavour, requiring shared learning, flexibility, strong commitment and close collaboration between all partners.

As illustrated throughout this Report, good progress has been made in our integrated recovery and renewal journey to date and in continuing to deliver person-centred care during challenging circumstances to improve outcomes for people. Local recovery and renewal efforts are still ongoing, and will continue into 2021/22.

East Ayrshire Council identified three cross-cutting priorities for renewal in June 2020: Children and Young People, Economy and Environment and Wellbeing. Governance structures were established to support each of these priorities, through either existing Community Planning Partners, IJB networks or groups that emerged during the response phase of the pandemic. These core priorities have been 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."*

# 5 Integration Joint Board - Governance and Decision Making

## Integration Joint Board

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

The voting members of the IJB are appointed through nomination by NHS Ayrshire and Arran and East Ayrshire Council. The first Chair had been appointed for the first two years of the IJB from 2015 until the Local Government Elections May 2017. Subsequently the IJB Chair and Vice Chair post holders are appointed for a period, not exceeding three years and alternate every two years between a Health Board and a Council representative. In response to the Covid-19 pandemic as part of delegated arrangements, both integration partners agreed a further 1 year extension to the appointment of the members from May 2020 to June 2021.

Mr. Michael Breen, NHS Ayrshire and Arran Non-executive Board Member held the position of IJB Chair from June 2019 for a 2 year period with the IJB at its meeting on 16 June 2021 formally approving the appointment of succession by Councillor Douglas Reid to IJB Chair. The IJB also approved the appointment of Mr. Michael Breen as Vice Chair, with both appointments being effective from 16 June 2021. 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 develop defined powers within the Public Bodies Act as laid out in sections 26 to 28 of the Act, which takes the form of binding (legal) Directions. These Directions clearly set out how the Health Board and Local Authority are required to action strategic commissioning plans and delegated budgets from the Integration Joint Board.

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

Directions continue to be issued to integration parties by all three IJBs and details of all directions issued to East Ayrshire Council and NHS Ayrshire and Arran can be found on the [East Ayrshire Integration Joint Board committee website](#).

A number of directions were given throughout 2020/21, including an extension to services, for example:

<b>Alcohol and Drugs Partnership</b> - issue a Direction to NHS Ayrshire & Arran and East Ayrshire Council to commission services in support of the Alcohol and Drugs Partnership Action Plan.	17th June 2020
<b>Locality Services: Community Care Contracts</b> - issue a Direction to continue contractual agreement for 3 East Ayrshire Health and Social Care Partnership (EAH&SCP) Community Care Contracts. (One to 31st March 2022 and two to 31st March 2021).	17th June 2020
<b>Locality Services: Care at Home</b> - issue a Direction to implement the approved recommendations arising from the Care at Home Service Best Value Service Review.	26th August 2020
<b>Wellbeing and Recovery: Mental Health Services</b> - issue a Direction to implement the proposals to deliver the Distress Brief Intervention Service in East Ayrshire.	3rd February 2021
<b>Strategic and Commissioning Plan 2021-30</b> – to issue a Direction to commission services from East Ayrshire Council and NHS Ayrshire & Arran in line with the Strategic Plan supported by the aligned Workforce Plan, Property and Asset Management Strategy and Communications Plan.	24th March 2021
<b>Annual Budget 2021/2022</b> – issue a Direction to both NHS Ayrshire & Arran and East Ayrshire Council to deliver services on behalf of the IJB within the delegated resource in line with strategic planning priorities, following further refinement of allocations across service areas.	24th March 2021
<b>Pan Ayrshire Podiatry Services</b> – to issue a Direction to implement the approved proposals in relation to the Podiatry Service for East Ayrshire.	24th March 2021

## 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. These Regulations are amended in respect of approval and publication of 2020/21 audited annual accounts, where IJBs are required to approve accounts for signature no later than 31 October 2021, with publication no later than 15 November 2021. The original deadlines per the Regulations will apply in future financial years.

As part of our reporting arrangements, audited accounts are presented to the IJB Audit and Performance Committee in August each year for final approval, which are then reported onwards to the IJB before submission to the Council and Health Board. The 2020/21 unaudited Annual Accounts were presented for approval to the IJB on 16 June 2021 in line with the planned approval timescale., with the audited Annual Accounts to be presented to the Audit and Performance Committee on 10 August 2021, and to the IJB on 25 August 2021 for formal approval.

The net cost of provision of services in 2020/21 was £258.317m, reflecting the significant size and complexity of the organisation. Directly managed expenditure for the 2020/21 financial year is £13.983m less than the budget delegated to the IJB and is partially offset by an adjustment of £1.963m in respect of the Partnership’s share of services managed on a pan-Ayrshire basis on Lead Partnership arrangements. Of the resultant population based £12.020m net underspend for 2020/21, £7.266m has been earmarked for specific commitments in future financial years. These commitments include £3.110m Covid-19 funding, £0.388m Children and Young People Mental Health and Wellbeing funding, £0.545m Alcohol and Drugs Partnership funding, £1.272m Primary Care Improvement Fund and £0.227m Mental Health Action 15 funding. This results in an overall uncommitted balance for 2020/21 of £4.754m.

The IJB on 16 June 2021 approved in principle that of the £4.754m uncommitted balance for 2020/21, £2.422m will be set aside as a contingency to increase the uncommitted balance to 1% to move towards the aspirational 2% contingency balance, as set out in the IJB Reserve Strategy. The IJB also approved in principle that £2.332m be retained to support the transformational change programme as part of the work being taken forward through the Strategic Commissioning Board. These approvals are subject to completion of the external audit of the 2020/21 Annual Accounts and on the basis that the external audit will be satisfactorily concluded, the allocation of these balances will result in an overall financially balanced position for the Partnership for 2020/21.

The 2020/21 Approved Budget report outlined significant risks and budget pressures, particularly in relation to increasing demand across services influenced by continued demographic change and achieving efficiency savings. The 2020/21 budget was approved on a “business as usual” basis on the assumption that all expenditure / loss of income attributable to the Covid-19 pandemic would be fully funded. This assumption turned out to be correct, with reduced expenditure across mainline services as a direct consequence of the pandemic being a key factor underlying the favourable final outturn position for the year.

As in previous years, throughout 2020/21, the Partnership mitigated risks and pressures 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 2020/21, including progress reporting against approved efficiency savings and budgets managed under lead partnership / hosted services arrangements across the three Ayrshire IJBs. Financial Management Reports over the course of 2020/21 provided information on additional expenditure and loss of income related to the response to the pandemic and outlined risks associated with unconfirmed funding over the course of the financial year.

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 2020/21. Throughout this period, the Partnership has responded to challenges associated with the Covid-19 pandemic and has overseen the successful delivery of 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 underspent on mainline health and social care services for 2020/21, which has secured funding the increase the general contingency balance to 1% of the directly managed services budget (excluding Set Aside), as well as providing additional funding to support the transformational change programme. This has been achieved after absorbing additional cost and volume pressures in certain areas of the budget, in addition to delivering further cash releasing efficiency savings and an outstanding repayment of £0.256m due to East Ayrshire Council in respect of additional funding allocated to offset an overspend in children's outwith placements in 2017/18. This favourable outturn position reflects the progress achieved by the transformational change programme taken forward through the Strategic Commissioning Board, as well as the reduction in

mainline services as a consequence of the Covid-19 pandemic. In addition this reflects the collective efforts of service managers, directorate management teams and Finance staff in maintaining sustainable financial management processes throughout 2020/21, whilst dealing with significant challenges presented in responding to the pandemic.

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 2021/22, with expenditure deployed to business cases which justify short term investment to design more cost effective service models.

'Comprehensive tables displaying our financial performance by Partnership service portfolio between 2016/17 and 2020/21 can be found on the Partnership's ['Our performance'](#) website.

'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. A further table displaying these costs between 2016/17 and 2017/18 is also available on the Partnership's ['Our performance'](#) website.'

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 / (Income) 2019/20 £m		Gross Expenditure 2020/21 £m	Gross Income 2020/21 £m	Net Expenditure / (Income) 2020/21 £m
148.990	(2.072)	146.918	157.858	(2.266)	155.592	Core Services	167.133	(6.886)	160.247
2.350	0.000	2.350	2.388	0.000	2.388	Public Protection	3.271	0.000	3.271
3.788	0.000	3.788	3.993	0.000	3.993	Non-District General Hospitals	3.735	0.000	3.735
27.273	(0.003)	27.270	28.176	(0.004)	28.172	Children's Health, Care and Justice Services	29.536	(0.004)	29.532
27.699	0.000	27.699	28.788	0.000	28.788	Lead Partnership Services	37.635	0.000	37.635
23.430	0.000	23.430	24.024	0.000	24.024	Set Aside	23.897	0.000	23.897
<b>233.530</b>	<b>(2.075)</b>	<b>231.455</b>	<b>245.227</b>	<b>(2.270)</b>	<b>242.957</b>	<b>Cost of Services</b>	<b>265.207</b>	<b>(6.890)</b>	<b>258.317</b>
0.000	(77.392)	(77.392)	0.000	(80.746)	(80.746)	East Ayrshire Council funding	0.000	(80.586)	(80.586)
0.000	(156.197)	(156.197)	0.000	(164.254)	(164.254)	NHS Ayrshire & Arran funding	0.000	(187.906)	(187.906)
0.000	(233.589)	(233.589)	0.000	(245.000)	(245.000)	Taxation and Non-Specific Grant Income	0.000	(268.492)	(268.492)
<b>233.530</b>	<b>(235.664)</b>	<b>(2.134)</b>	<b>245.227</b>	<b>(247.270)</b>	<b>(2.043)</b>	<b>Deficit / (Surplus) on provision of services</b>	<b>265.207</b>	<b>(275.382)</b>	<b>(10.175)</b>

The Comprehensive Income and Expenditure Statement of Income and Expenditure highlights a net cost of services of £258.317m for the year. The financial performance by IJB Service Division table highlights a population basis net expenditure of £270.337m for the year. As highlighted previously, of the population based £12.020m net underspend for 2020/21, £7.266m has been earmarked for specific commitments in future financial years, with £2.422m set aside as a contingency to increase the uncommitted balance to 1% and £2.332m be retained to support the transformational change programme.

The Annual Budget has been developed for 2021/22 and was approved by the IJB on 24 March 2021. 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 has been 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 17/18 - 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 outlined a number of issues in relation to current financial circumstances and future public spending constraints. The update considered national spending planning and reflected 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 and will be presented to the IJB for approval on 20 October 2021.

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 recovery and renewal, real-term reductions in funding, increasing demand for services and the cost of implementing new legislation and policies.

## 7 Best Value

The Partnership's Strategic Commissioning Board continued to drive forward delivery of the Partnership's transformational change ambitions throughout 2020/21, with ongoing oversight from the Audit and Performance Committee. The Board adopts an evidence based approach 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 about the Board's activities during 2020/21 is available in the Audit and Performance section within this Report and related service specific improvement and transformational change activity can be found in our Service Improvement Plans.

East Ayrshire Council's second Transformation Strategy 2017-2022 'Closing the Gap' sets out proposals for delivering transformational change, while recognising the ongoing challenges associated with increasing demand for services and reducing resources. The Strategy has involved a shared commitment from our workforce, elected members and communities to thinking and working differently and has driven an extensive programme of transformational service redesign. Progress against the six Transformational Workstreams has been positive, despite challenging circumstances, with performance reported on a regular basis through Cabinet and East Ayrshire Performs. Workforce planning, service redesign and cultural change have been consistent themes in our transformational journey, enabling services to achieve greater flexibility and to embed an empowered approach. Our FACE qualities and behaviours are firmly embedded across our workforce and were very much to the fore throughout the past year. The innovations and new ways of working that were developed in response to COVID-19 have built further on the progress of the Transformation Strategy, and continue to shape and inform our recovery and renewal.

A 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.

A number of Partnership services reviews were progressed within the reporting period, involving close collaboration with key partners and stakeholders, particularly people

who use services, their families and carers, in line with the ethos of the Scottish Approach to Service Design. Due to Covid-19 related pressures, social distancing restrictions and the Partnership's commitment to collaborating with people whom any service redesign would affect, the timescales for completion of these reviews continue to be adjusted with the approval of the Strategic Commissioning Board.

At a strategic level, the reviews focused 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; and
- Identifying opportunities for reinvestment.

A best value review of our Care at Home service was concluded in the reporting period to secure ongoing improvement and sustainability, following extensive engagement with people who use the service, their families and carers. The recommendations of the review were approved, resulting in the implementation of a new provision structure comprising: improved salaries, revised roles, defined career pathways and the establishment of a learning academy to support staff recruitment and retention. The new Care at Home service provision structure came into place on 2nd June 2021.

A best value review of our Day Opportunities service for adults with learning disabilities was also concluded in 2020/21. The review undertook wide stakeholder engagement and research to identify a number of key areas for improvement and following an options appraisal process, it was agreed that the service would deliver a flexible adult day care model from the existing three locations (Balmoral Road, Riverside and Sir Alexander Fleming Centres), offering both centre-based activities and a considerably wider range of community-based activities, in addition to introducing innovative technology solutions.

Best value reviews of several Corporate Parenting services including: Fostering, Adoption, Children's Houses and Kinship Care also continued throughout the reporting period. In line with best value review guidance, this process incorporated comprehensive engagement with people who use the services, their families and carers, and other key stakeholders. The implementation of these reviews was delayed due to Covid-19 related pressures, however all were near completion at the time of reporting. A number of shared improvement themes were identified across the reviews, including:

- Practice reflects the principles of 'The Promise';
- Develop a targeted approach to meet demand for 'continuing care' placements;
- Establish a proactive wellbeing and therapeutic approach;
- Increased support to ensure children and young people participate in key decisions;
- Increased flexibility and capacity; and
- Improve the quality of services.

## 8 Inspection Findings

The Partnership welcomes and embraces scrutiny and feedback including from external audit and inspection agencies, recognising that such assessments will support our ambitions for securing continuous improvement. Service inspections have been significantly impacted by Covid-19 throughout the reporting period at a national level, with the Care Inspectorate having issued the following guidance in relation to undertaking inspections during the pandemic:

*“Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading Covid-19 in Scotland’s care homes. Therefore, to limit the spread of Covid-19, and with agreement from Scottish Government, the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic”.*

85% of East Ayrshire care services were graded ‘Good’ (4) or better in Care Inspectorate Inspections in 2020/21, which is a significant increase from 2019/20 (75%) and 2018/19 (65%), and in line with the high standard consistently set in East Ayrshire in previous years.

A full list of the latest Care Inspectorate inspection results for our registered services and details of the most recent inspections of registered care homes in East Ayrshire can be found on the Partnership’s [‘Our performance’](#) website.

On 29 March 2021, Chief Executives were informed that a Joint Inspection of Adult Support and Protection arrangements in East Ayrshire would be taking place between April and June 2021. The virtual inspection was undertaken jointly by the Care Inspectorate, Health Improvement Scotland and Her Majesty’s Inspectorate of Constabulary in Scotland. The focus of this inspection was to provide:

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected and supported;
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007; and

- An opportunity to identify good practice and support improvement in adult support and protection more broadly across Scotland.

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

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

The [final report](#) was published on 3 August 2021 and highlights our strengths and areas for improvement. Collaboration was noted as a key strength of the Partnership and our response to the pandemic was regarded as ‘robust and proactive’.

# 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 our residents. This will be achieved by delivering services which are high quality, safe, accessible, effective and sustainable. The Caring for Ayrshire vision is that:



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

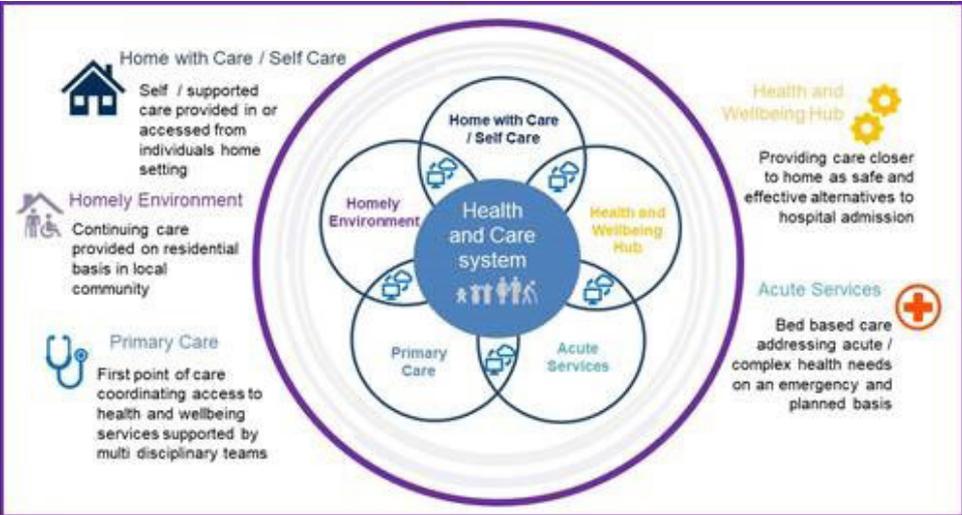
The [Caring for Ayrshire programme](#) is a proactive response to various current and future challenges, including: increasing service demand, aging populations with complex health requirements, workforce gaps, general population health, buildings which are no longer fit for purpose and financial restraints. 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 improve outcomes for people and reduce dependence on hospital-based care.

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, including utilising technology and enhancing local resources to support

self-care and care at home. Partnership working with local communities, third sector, voluntary and independent organisations will be essential in delivering the right care, in the right place, at the right time for people in Ayrshire.

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. 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 in Kilmarnock, Cumnock and Stewarton prior to the Covid-19 pandemic. It was not possible to deliver further participation activities at this scale during 2020/21 due to social distancing restrictions, however future engagement sessions will be organised when safe to do so to allow members of the public, stakeholders and partners to share their views and aspirations for future service delivery in local areas.



# 10 Audit and Performance Committee

In 2020/21, 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 2020/21, the Committee requested internal audit undertake a review of the IJB self- assessment against the proposals within the Ministerial Strategic Group 'Review of Progress with Integration of Health and Social Care' findings and assessment of progress made against the actions identified from the self- assessment. The objective of this assignment was to obtain assurance on the assertions made in the IJB self-evaluation in relation to the Ministerial Strategic Group (MSG) Indicators, and assess progress made against the improvement actions identified from that evaluation. The review was concluded and the final report issued in 2021/22. A follow up review on Risk Management Arrangements to assess progress made following approval of the Risk Appetite Statement by the IJB in 2019, was being finalised at the time of reporting, following Covid-related disruption to implementation of the actions.

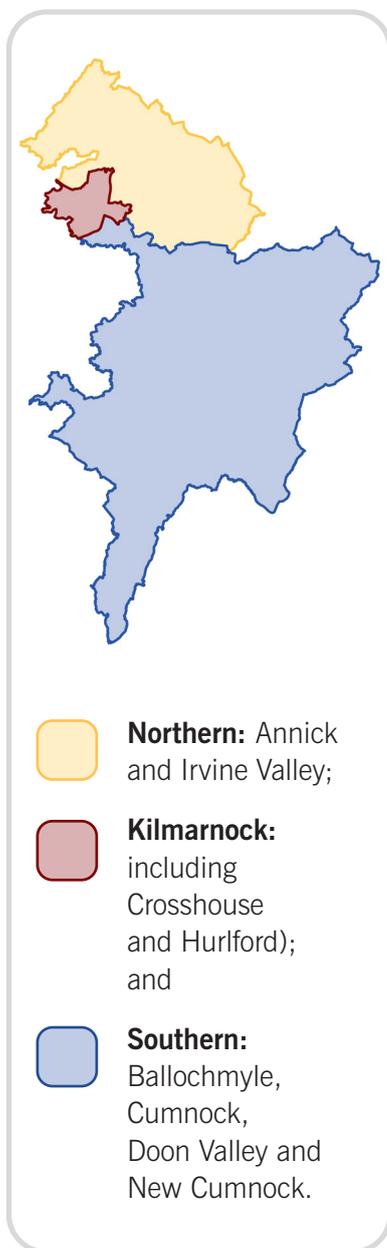
The Strategic Commissioning Board (SCB) is responsible for the management of the £1m Transformation Fund delegated to the IJB from East Ayrshire Council to promote service redesign, identify efficiencies in service delivery and most importantly to improve health and wellbeing outcomes for residents.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

The Committee received progress updates regarding the programme of Best Value Service Reviews (BVSR) 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.

Over 2020/21, the Committee received reports on progress being made regarding the BVSRs in: Care at Home services, Looked After and Accommodated Children, Kinship Care and Fostering and Adoption services and IJB Finance Services. Some examples of the additional resources approved by the SCB include: increased support for Mental Health Practitioners within GP Practices, appointment of a Wellbeing Coordinator to deliver health and wellbeing support to the workforce and to commission a community based Peer Mentors Programme to support people in recovery.

# 11 Localities

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



All meetings of the Locality Planning Groups were suspended during the first 9 months of 2020/21 as our members mobilised and responded to deliver essential services to those most vulnerable in our communities. This response provided practical grass-roots support to meet the needs of people who were facing additional risks due to inequality and disadvantage. The efforts and commitment of locality planning partners during this difficult period were widely recognised across the authority and acknowledged as key actions in addressing the adverse impact of Covid-19 within our communities, particularly in relation to mental health, financial inclusion, long term health conditions and feeling connected.

groups' Terms of Reference, recruitment of new members and the development of a locality planning mission statement. This statement outlines our commitment to working with a range of partners to eliminate barriers that prevent our residents from improving their life chances.

The focus for the Locality Planning Groups following this period of review has been to identify the key actions and activities that each of the groups will undertake to support the priorities outlined in the Strategic Plan 2021-30, ensuring that we maximise the impact of our collective work across the key priority areas identified in the Plan. The development of the new Local Outcome Improvement Plan 2021-24 has presented each of the groups with an opportunity to strengthen their focus on issues requiring the most support in East Ayrshire, and our new approach to utilising local data will assist partners to identify the key issues of inequality that are affecting our residents and the communities of interest in our localities. This range of information, supported by community intelligence, will inform our future targeted locality planning activity. A Locality Network is also well established to broaden engagement in our localities and in turn, drive forward improvement activities.

Details about how to get involved can be found on the ['Working in Localities'](#) website.'

We witnessed an overwhelmingly positive response to the Covid-19 crisis across our communities in East Ayrshire. Robust communications and community engagement were central to our initial emergency response and have continued to shape our recovery and renewal. The community resilience networks that developed in the early stages of the pandemic have been the focus for community-led activity, volunteering and mutual aid and we have been working to sustain these cross-cutting, partnership delivery arrangements to ensure continuity. In supporting these local arrangements, we have recognised that people, families and communities are the experts in their own lives and in what will best support them to be healthy and well. Our experience of innovative practice in collaboration and engagement has enabled us to embed a place-based approach to the planning and delivery of our services and for local leadership on community health and wellbeing through the Locality Groups.

Locality planning activities and engagement resumed at the end of 2020, contributing firstly to the recovery and renewal agenda and thereafter re-establishing bi-monthly meetings of each of the three East Ayrshire groups, which continue to be held virtually at the time of reporting. The initial period following resumption saw a process of review to strengthen the scope of locality planning, re-examine our original terms of reference and to refresh group membership. This resulted in new Chairs and Vice-Chairs being elected for each group, an updated version of the

# 12 Lead Partnership Arrangements

## East Ayrshire

Strategic planning and delivery of Primary and Urgent Care Services are delegated functions within the scope of IJBs and contractual arrangements are a retained responsibility of NHS Boards. Under the agreed Integration Scheme, the East Ayrshire Health and Social Care Partnership has Lead Partnership responsibility for Primary and Urgent Care Services. For more information, please see the Partnership's [Strategic Plan](#).

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

- General Medical Services - 53 GP Practices across Ayrshire with a registered practice population of 385,910;
- Community Pharmacies - 99 community pharmacy outlets across Ayrshire and Arran;
- Community Optometry Practices – 51 across Ayrshire and Arran;
- Dental practices - 67 dental practices providing general dental services (5 of which are orthodontic practices); and
- Public Dental Service delivered under the management of the Primary Care Dental Team and employed dentists.

Primary and Urgent Care Services are delivered through Ayrshire Urgent Care Services (AUCS) which provides a 24/7 urgent care response to the population including out of out of hours General Medical Services. The service is the first point of contact for NHS 24, including further clinical assessment and scheduling appointments for the Emergency Department or Minor Injuries Unit where appropriate. AUCS also provides a direct Covid-19 Clinical Pathway for patients seeking clinical advice when presenting with Covid-19 symptoms as well as face to face assessment when required 24/7. The staffing model within the Ayrshire Urgent Care Services comprises General Practitioners (GPs), Advanced Nurse Practitioners (ANPs), Community Nursing, Crisis Mental Health Team, Social Work services and Community Responders.

## General Medical Services (GMS)

All 53 General Practices provide a range of NHS core services through a GMS Contract. Many practices also support a range of Enhanced Services over and above the core contracted services to ensure patients can receive access to a wider range of services often without the need to access hospital services. Throughout 2020/21 due to the Covid-19 pandemic general practices had to quickly change how they provided care to their patients due to increased infection control measures. Many practices adopted new digital ways of working and assessments for patients to identify the most appropriate route of care. Face to face appointments have been offered throughout the pandemic if deemed appropriate ensuring all safety protocols are adhered to.

In response to an increase in Covid-19 cases and changes to protection levels, a pan-Ayrshire decision was taken in early January 2021 for all GP Practices to pause Priority 1 services. This largely related to reducing routine chronic disease monitoring with the facility for practices to continue to provide monitoring for chronic disease where clinically indicated. All other services were maintained. This allowed GP Practices to prioritise the time and space available to those patients most in need of clinical care. Practices continue to work to remobilise and recover from the pandemic and are being supported with a framework of measures to help them identify any supports required to enable them to work towards full service delivery.



The Vaccination Transformation Programme was paused in 2020 due to re-prioritisation of services to deal with the pandemic. All 53 general practices supported delivery of flu and Covid vaccines to the most vulnerable people within our communities. Flu vaccines were delivered from mid-September 2020 and practices had to quickly establish different models to ensure social distancing with many using outdoor marquees or community venues to deliver vaccinations.

During the 2020/21 winter flu season, a total of 119,376 flu vaccines were delivered by general practice, compared to 93,950 in the previous year, a significant increase of 27%. Covid vaccines were delivered from December 2020 to groups prioritised by the Joint Committee on Vaccination and Immunisation. General Practices supported delivery of these vaccines to our most vulnerable members of society (those aged 80 and over, shielding and housebound patients). Up to 31 March 2021, a total of 35,165 first doses and 4,753 second doses of Covid vaccines had been delivered by General Practices in Ayrshire and Arran. Practices continued to deliver second dose Covid vaccines after this date to those groups previously mentioned.

## Primary Care Improvement Plan (PCIP)

The new GMS contract, being implemented through the PCIP, provides the basis for an integrated health and care model with a number of additional professionals and services as well as signposting 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 developing a whole system health and care model which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

It is recognised that the Covid-19 pandemic and associated remobilisation work has impacted on the original timescales for delivering elements of PCIP 2020-22 and consequently, the implementation of the new GP contract by 2021/22. Throughout 2020, a number of actions agreed by the Ayrshire IJBs in 2019 were taken forward. A full breakdown of the recommendations and delivery progress during 2020/21 can be found on the Partnership's ['Our performance'](#) website.

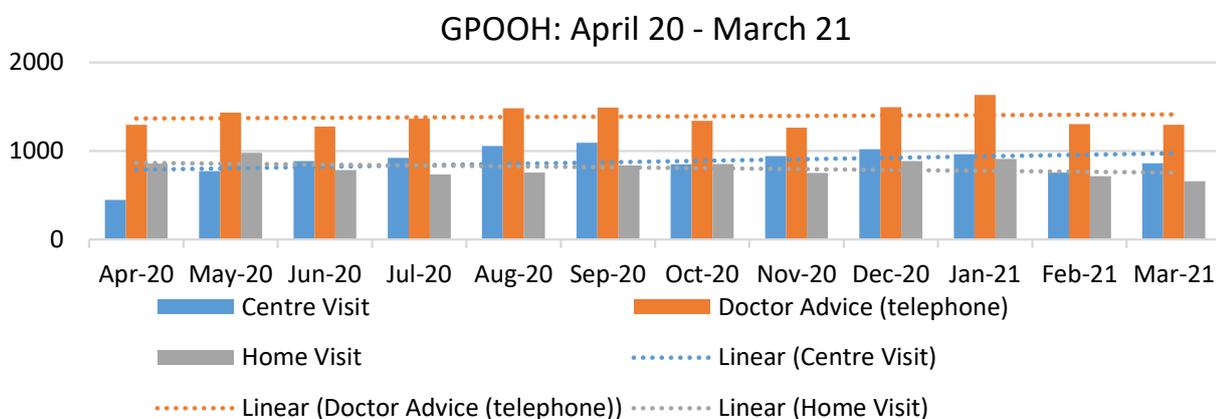
During the Covid-19 pandemic, a joint letter from the BMA and Scottish Government was issued in December 2020 advising NHS Boards that contractual legislation would be amended to allow NHS and Integration Joint Boards an extended period to implement the GMS Contract during 2021-2022 and 2022-2023. Work will continue throughout 2021/22 to complete actions previously committed to, set out in PCIP 2020-2022 in conjunction with the recovery arrangements across general practice.

## Ayrshire Urgent Care Service

During 2020, the service underwent significant change with new management and conclusion of a review of operational and clinical governance arrangements. The recommendations from the review continue to be implemented, enhancing safe and effective clinical provision to patients.

## GP Out of Hours

The GP out of hours (OOH) service operates between 6pm and 8am Monday to Thursday and from 6pm Friday through to 8am Monday as well as providing 24 hour cover during public holidays. The chart below displays activity within GP OOH during 2020/21.

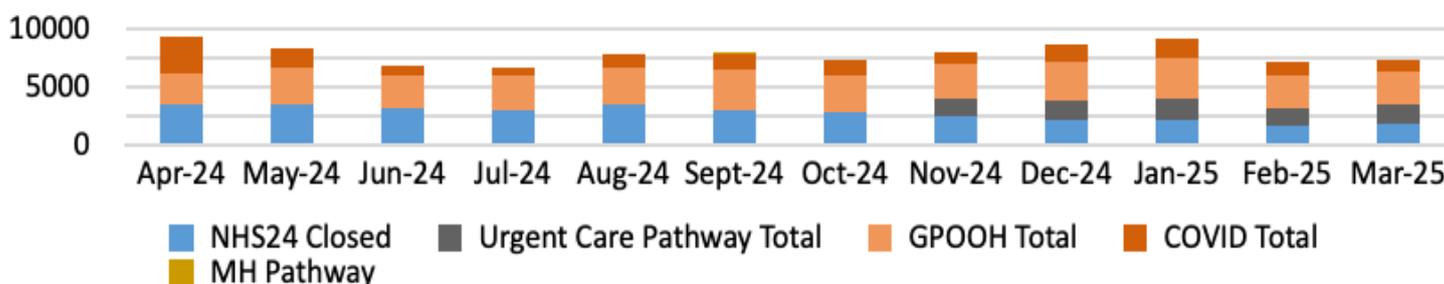


During the last year, a total of 16,678 patients referred to GP OOH from NHS 24 required telephone advice only from a clinician. In turn, this has reduced the number of GP OOH home visits, a reduction of 36% from the previous year. This is attributable to an enhanced clinician led hub model, introduced due to Covid-19 in March 2020 to telephone triage all patients, including those displaying worsening Covid symptoms and further developed with the Flow Navigation Centre in November 2020 with the introduction of the new urgent care patient pathway.

## Re-Design of Urgent Care

In November 2020, NHSAA went live as a pathfinder NHS Board to lead the implementation of Re-design of Urgent Care implementing a collaborative approach along with Emergency Department (ED) colleagues, NHS 24 and the Scottish Ambulance Service to provide improved patient and workforce experience and to support service sustainability. Rolled out nationally in December 2020, this joined up system facilitated scheduled appointments at ED where required or directed to a more appropriate service. This creates a safe and person centred urgent care service from a citizen's home over a 24/7 period. The following chart indicates the patient outcomes for those requiring urgent care following contact to NHS 24.

**Urgent Care Pathways: April 20 - March 21**

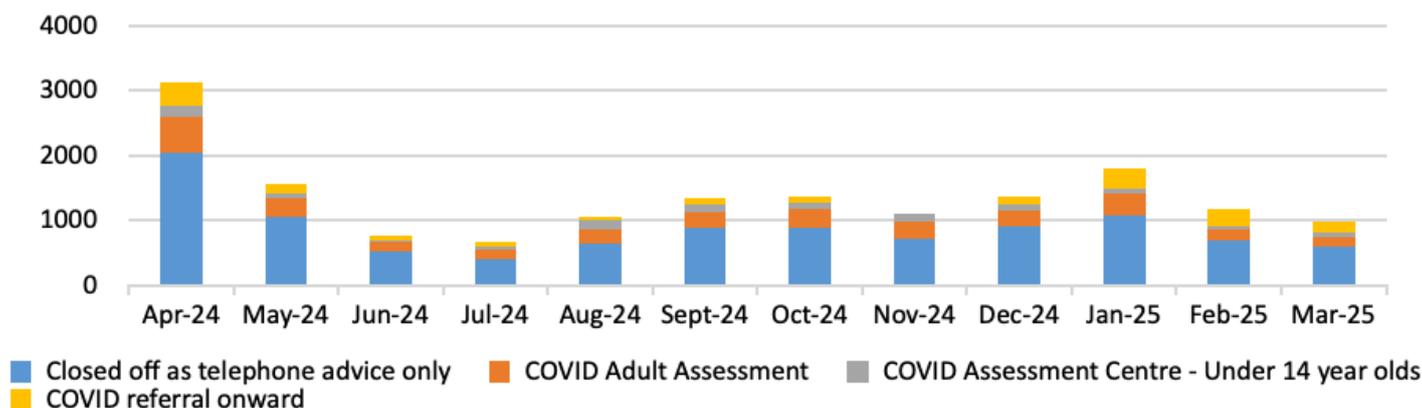


The chart above highlights all urgent care pathways that required clinical intervention including the new Covid-19 community pathway and urgent care via NHS 24. The introduction of the Urgent Care Pathway is shown from November 2020 with patients routed through the FNC to the most appropriate care which could include being appointed to the MIU or ED rather than attending straight to ED.

## Covid Pathway

A single pathway helps patients to seek clinical advice and assessment for Covid-19/Respiratory/Viral symptoms through accessing NHS 24/111 and directed to the local Covid-19 pathway (via the FNC) for further assessment if required. This pathway also incorporates the Clinical Assessment Centre for patients to be seen face to face. A total of 16,338 patients accessed this pathway during 2020/21 with patient outcomes displayed in the chart below. 11% of patients required onward referral within a hospital setting. The Clinical Assessment Centre will continue to operate as demand dictates throughout the pandemic.

**Covid Assessment: April 20 - March 21**



## Mental Health Access in Primary Care

A patient pathway delivers Mental Health services using a multi-disciplinary team approach across the Crisis Resolution Team (CRT), Psychiatric Liaison Service and the ANP Service. In response to Covid and redirection requirements, additional assessment arrangements have also been put in place allowing for patients to be redirected from ED. Telephone assessment and alternative face to face assessment options are available at both hospital sites (Ayr/Crosshouse) and at Woodland View (Irvine).



## Community Pharmacy

Throughout the Covid-19 pandemic, Community Pharmacies continued to provide a service which was as near to normal as possible. Pharmacies remained open throughout, initially with time set aside for deep cleaning and catch up as pharmacies were extremely busy at the beginning of the pandemic.

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

Activity between August 2020 - May 2021 is displayed below against activity levels in 2019/20. The significant increase demonstrates the volume of patients and demand attending pharmacies throughout the pandemic.

Activity Claimed	2020/21	2019/20
Number of Items dispensed under Pharmacy First	126,240	3,058
Instances Where Advice given	11,402	135
Referrals	5,919	460

During 2020/21, some Community Pharmacies supported the delivery of flu vaccinations to patients who would normally receive this at their GP practice, to provide patients with alternative options. Community Pharmacy delivered 3,289 flu vaccinations on behalf of NHSAA during the 2020/21 winter flu season.

## Community Optometry

Community Optometrists provide a first point of treatment for minor eye ailments. Previously provided through Eyecare Ayrshire since 2017, this service is now part of the Pharmacy First Scotland service. If people require medicine for their eye problem, this is provided free of charge from the Community Pharmacy.

At the onset of Covid-19, Community Optometry provided a remote triage service for their patients with any urgent cases being seen by acute Ophthalmology. Optometrists have gradually remobilised to provide normal services, initially for urgent care progressing to normal routine eye care. Community Optometry provides a range of services in addition to routine eye examinations and dispensing of glasses. Optometry practices can carry out post-operative cataract reviews and some are accredited to undertake Diabetic Screening and some provide the Low Vision Aid service. A model was also introduced in 2020/21 for shared care between primary and secondary care for patients with stable glaucoma, which relieves pressure on secondary care out-patient appointments and allows Community Optometrists to fully utilise their skill set.

## Dental

Due to the onset of Covid-19 in March 2020, service models required to be changed quickly and significantly to ensure safety protocols and enhanced infection controls were put in place to keep patients and staff safe.

All General Dental Practices were instructed to close and the Public Dental Service (PDS) were tasked to establish Urgent Dental Care Centres to complete urgent dental care only and necessary Aerosol Generating procedures. General Dental Practitioners were deployed into Public Dental sites to support with the increase in triage required during this time. This also significantly decreased the number of referrals into the PDS due to no patients being seen in General Dental Practices. This resulted in waiting lists in PDS increasing along with number of patients seen within the Emergency Dental Service.

As services began to remobilise, General Dental Practitioners were able to see urgent cases which then extended to routine patients later in the year. Due to the backlog of patients and social distancing restrictions, General Dental Practices are now working at 20% capacity with PDS supporting the overflow. At the onset of the pandemic, all Oral Health and Childsmile programmes were stood down, however as of April 2021, Oral health training is being delivered digitally and Childsmile remobilising fully in August 2021.

## Quality Improvement in Dentistry

---

The implementation of the NES training programme for Enhanced Domiciliary General Dental Practitioners (EGDP) within high street dental practices was paused due to Covid-19. The Public Dental Service and General Dental Service worked in partnership to train and develop a number of EGDPs to deliver dental care in Nursing Homes and it is hoped that this service will resume when safe to do so in the near future.

## Other Lead Partnership Arrangements in Ayrshire

---

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

# 13 Looking Ahead

## East Ayrshire HSCP Strategic Plan 2021-30

The [Strategic Plan 2021-30](#), developed during 2020/21, outlines the Partnership's commitment to delivering transformational change and developing services to ensure they are fully responsive to local community needs and contribute towards improving outcomes for people.

In developing the Strategic Plan, the Partnership has reflected on the findings and proposals from the Independent Review of Adult Social Care in Scotland, published in February 2021. East Ayrshire is well placed regarding many of the recommendations set out, particularly in respect of partners' commitment to human rights based service design and delivery, however we will consider how to develop further on the recommendations made.

Good progress has already been made in embedding the aspirations and values of The Promise within our local practice to date, as illustrated in section 3 within this Report. The Partnership will continue to develop its approach to ensure we #KeepThePromise and realise the national ambition that children and young people grow up loved, safe and respected.

To achieve our ambitions, the Partnership has set out short, medium and long term objectives aligned to six core strategic commissioning intentions. A focus will be placed on the following areas throughout 2021/22:

### Starting Well and Living Well:

- Focus response, renewal and recovery from Covid19 on helping our most vulnerable and disadvantaged people and families, prioritising tackling poverty and inequalities, recovery from drugs and alcohol and social isolation and mental health, and
- as part of this, we will recover in partnership, involving people who are vulnerable or socially disadvantaged as well as delivery partners in all sectors, making the most of their strengths;
- Further invest to improve access to mental health support, enabling more people and families to get help sooner; and
- Challenge and tackle stigma wherever we find it, promoting recovery and equity.

### Caring for East Ayrshire:

- Build on the learning over the Covid-19 pandemic to maximise the continued use of new technology and maintain services to local people and families. We will ensure our services are accessible, available and provide face to face support with safe guarding in place;
- Adopt the Scottish Approach to Service Design to understand the needs of our citizens, workforce and stakeholders and create opportunities through a range of perspectives and collaboration in redesign solutions;
- Continue to progress redesign of place-based models of care in Cumnock and the Irvine Valley; and
- Take forward place-based redesign through the Doon Valley Community Campus in Dalmellington, together with partners in Education, NHS Ayrshire and Arran and the East Ayrshire Leisure Trust.

### People at the Heart of What We Do:

- Focus on ongoing and intensive rehabilitation support for people to recover from the effects of Covid-19 and lockdown;
- Invest to increase the number of Mental Health Practitioners across all GP Practices;
- Design and implement a wellbeing-focussed service delivery model with children and families, to get it right for every child;
- Support our workforce to embrace and utilise the new ways of working, keeping both our workforce and citizens safe and supported;
- Progress service redesign across children's services, financial and welfare benefits and our support services; and
- Work with partners to improve support for people involved in the justice system who have disabilities or additional support needs.

## Caring for Our Workforce:

---

- Value the workforce by ensuring they have training and resources to do their jobs well, following Covid-19 and as part of service redesign;
- Invest in and deliver a comprehensive programme of wellbeing support; and
- Develop and deliver our interim Workforce Plan for 2021/22.

## Safe and Protected:

---

- Build on the learning over the Covid19 pandemic to improve interventions to protect people through our multi-agency public protection arrangements;
- Deliver coordinated multi-agency public awareness raising around prevention and protection activities so that our communities can identify people at risk of harm and know how to get support; and
- Develop our multi-agency arrangements to support women who are a serious risk of harm or death because of domestic abuse.

## Digital Connections:

---

- Invest in a new wellbeing focussed website for East Ayrshire, so people can easily access information and support;
- Use digital solutions so people and families can be connected with each other, with community-based supports and with health and care services for the duration of social restrictions and; plan for how this will continue in the future;
- Invest in ensuring people and families who are vulnerable or socially disadvantaged are digitally included at home or in their community and are supported to access online opportunities safely;
- Assess the digital readiness of the workforce; and
- Embed the new Social Work Management Information System to improve information recording and management and performance monitoring across all social work functions.

## Service Improvement Plans

---

Service Improvement Plans were established in 2016/17 and have subsequently driven improvement activities across the Partnership's main service portfolios. The current strategic service portfolios are: Locality Health and Care Services, Wellbeing and Recovery Services, Children's Health, Care and Justice Services, Primary Care and Out of Hours Community Response Services and Allied Health Professional Services.

Covid-19 has presented both significant challenges and opportunities, which manifest within service improvement planning in the recovery context, the dual pathway in managing Covid-19 and non Covid-19 service improvement and the interfaces between systems and workstreams at different stages of resumption. Our 2021/22 Service Improvement Plans can be found on the Partnership's ['Governance Documents'](#) website.



**For further information:**

**Email: [HSCPStrategy@east-ayrshire.gov.uk](mailto:HSCPStrategy@east-ayrshire.gov.uk)**

**Telephone: 01563 554475**