

EAST AYRSHIRE

Health & Social Care Partnership

SUMMARY Annual Performance Report



Introduction

Welcome to the East Ayrshire Health and Social Care Partnership's Annual Performance Report Summary document, reflecting the 2020/21 period.

Annual performance reporting provides an opportunity to reflect on the past year and to 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. Progress is measured through tracking key actions, work plans and indicators, in addition to describing some 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 formed in April 2015, bringing together health and care services in East Ayrshire. 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. 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. [The Annual Performance 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. 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 protect many vulnerable people. It is important to acknowledge that circumstances related to the pandemic have influenced the progress of various improvement actions and also our performance in some areas throughout 2020/21.

Craig McArthur *Director, East Ayrshire Health and Social Care Partnership*

Performance Summary

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.

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.

As displayed in the table above, East Ayrshire has recorded positive performance across the core MSG indicators throughout 2020/21 in comparison to the previous year, with the exception of delayed discharge bed days (3.7% increase).

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. Due to various changes in the 2019/20 Health and Care Experience Survey, indicators 2, 3, 4, 5, 7 and 9 within the CSII are no longer comparable to previous years.

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 figures above show no change in 2019/20 in relation to the percentage of adults able to look after their health and the percentage of carers who felt supported to continue caring, compared with 2017/18. The percentage of people with a positive experience of care at their GP Practice declined by 6pp over this period.

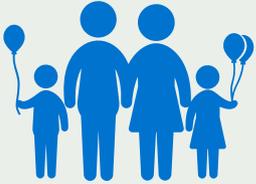
East Ayrshire Performance Against CSII (Data Indicators): 2019/20 – 2020 / 2020/21

	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 SMR01 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 achieved improved performance across the majority of 'Data' indicators within the CSII throughout 2020/21 in comparison to the previous year. Particular areas of improvement include the number of days older people spend in hospital when ready to be discharged, emergency admission and the proportion of care services graded 'Good' (4) or better. The most notable challenges experienced were the rise in emergency readmission to hospital within 28 days and premature mortality.

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

	<p>During 2020/21, there were no hospital discharges over 2 weeks. This is a continued strong performance from 2019/20 when there were also no hospital discharges over 2 weeks.</p>		<p>The proportion of child protection re-registrations within 12 months fell to 6.6% in 2020/21, down 1.5 PPs from 8.1% in 2019/20.</p>
	<p>The rate of emergency hospital admissions fell significantly by 20.1%, from 147.8 per 1,000 population in 2019/20 to 118.1 per 1,000 population during 2020/21.</p>		<p>31.5% of Looked After and Accommodated Children had 3 or more moves as at 31 March 2021, down 13.5 PPs from 45% in 2019/20.</p>
	<p>The rate of alcohol-related hospital admissions per 100,000 population fell from 665.4 during 2018/19 to 662.4 in 2019/20 and remains below national levels.</p>		<p>During 2019/20, the percentage of babies with a healthy birthweight increased to 95%, a rise of 2.3 PPs from the previous year.</p>
	<p>During 2020/21, 98.5% of people needing help with their drug or alcohol problem waited no longer than 3 weeks for treatment to support their recovery, up 3.9 PPs from 2019/20.</p>		<p>88% of Community Payback Orders were successfully completed within one year during 2020/21, a notable increase of 20 PPs from 68% during 2019/20.</p>

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

	<p>34.1% of emergency attendances were converted to unscheduled admissions during 2020/21, a rise of 4.4 PPs from 29.7% during 2019/20.</p>		<p>67% of personal carers were qualified to Scottish Social Services Council standard during 2020/21, a rise of 0.7 PPs from 66.3% in 2019/20.</p>
	<p>12.9% of patients were readmitted to hospital within 28 days of initial discharge during 2020/21, an increase of 1.6 PPs on 11.3% during 2019/20.</p>		<p>The percentage of Social Work reports submitted to the courts by the due date fell 2.8 PPs to 96.5% during 2020/21, down from 99.3% in 2019/20.</p>
	<p>3,826 bed days were lost as a result of delayed discharge (all delays) during 2019/20, a slight increase of 3.4% from 3,701 during 2019/20.</p>		<p>17.8% of babies were exclusively breastfed at the 6-8 week review during 2019/20, a fall of 1.6 PPs from 19.4% the previous year.</p>
	<p>The rate of drug-related hospital admissions per 100,000 population rose to 359.7 during the 3 years ending 2018/19, up 10.4% from 325.9 during the 3 years ending 2017/18.</p>		<p>In 2019/20, 72.7% of children in Primary 1 had a healthy weight, a fall of 3.1 PPs from 75.8% the previous year.</p>

A more detailed assessment of our performance can be found in the [Performance Matrix](#) which accompanies the full Report.

Our Covid-19 Journey

Covid-19 has presented the greatest challenge to public health for generations. The East Ayrshire HSCP has performed an instrumental role in the local response to Covid-19, having mobilised in March 2020 to ensure the continued delivery of safe and effective services to safeguard those most at risk in our communities. This response required a swift and co-ordinated transformation in the way services were delivered by the Partnership and East Ayrshire Council, which presented a number of challenges. This involved the redeployment of staff to undertake roles in critical provision areas and establishing operational changes to support infection prevention, such as the use of personal protective equipment and digital communication solutions, to ensure service users and our workforce were kept safe.

A number of oversight groups were established including an East Ayrshire Covid-19 Leadership Group and a Pan-Ayrshire Community Primary Care Group, with appropriate service management representation and frequent meetings to co-ordinate our local response. Effective workforce planning arrangements and support has been critical to our continued delivery of services and in protecting the wellbeing of employees throughout the pandemic.



The pandemic has had a significant effect on the health and wellbeing of residents and we have taken action to fully understand and mitigate such impacts. This has included co-ordinating the East Ayrshire Wellbeing Community Conversation, protecting people who were shielding, creating a [wellbeing support website](#), supporting community resilience networks and establishing eight Wellbeing Recovery and Renewal sub-groups reflecting key priorities.

wellbeing
in east ayrshire

The Partnership's empowered, flexible, collaborative and place-based approach to recovery and renewal from Covid-19 has been a defining feature of our overall response to the pandemic. This continues to be a significant and transformational endeavour, requiring shared learning, flexibility, strong commitment and collaboration between all partners.

Integration Joint Board – Governance and Decision-Making

The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations sets out the membership of the Integration Joint Board (IJB). The IJB at its meeting on 16 June 2021 formally approved the appointment of succession by Councillor Douglas Reid to IJB Chair, in addition to approving the appointment of Mr. Michael Breen, NHS Ayrshire and Arran Non-executive Board Member as Vice Chair, with both appointments being effective from 16 June 2021.

The IJB's governance decisions throughout 2020/21 reflected a variety of service improvements across the functions delegated to the Partnership by the Integration Partners. The IJB Stakeholder Forum has continued to improve engagement and involvement in decision making during this period, particularly for people who use services and unpaid carers. Throughout 2020/21, the IJB continued to progress work across Ayrshire to develop powers within the Public Bodies Act. A Scottish Government Good Practice Note on Directions was published in January 2020. Directions given throughout 2020/21 reflected a number of key service areas, including the Alcohol and Drugs Partnership, Locality Services and Mental Health Services.

Financial Performance

The IJB must comply with national financial regulations, codes of practice and guidance. A detailed auditing

process is in place to ensure that proper practice is adhered to, which in 2017/18 highlighted financial sustainability as a key risk for the Partnership and accordingly resulted in development of a Medium Term Financial Plan 2017/18-2021/22.

The net cost of services commissioned through the IJB for 2020/21 was £258.317m. 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 to be retained to support the transformational change programme. The allocation of these balances will result in an overall financially balanced position for the Partnership for 2020/21.

Best Value

The IJB's Integration Partners continued their transformational change planning and delivery arrangements in the reporting period to secure best value. The Partnership's transformational change journey, aligned with the Integration Partners' strategic direction, continues to be driven by the Strategic Commissioning Board, delivered through our Strategic Plan and with oversight from the Audit and Performance Committee. East Ayrshire Council's second Transformation Strategy 'Closing the Gap' sets out proposals for delivering transformational change in local authority services between 2017-2022, while recognising ongoing challenges associated with increasing service demand and limited resources.

A programme of best value service reviews commenced in 2019 with the aim of securing continuous improvement through identifying more efficient and effective ways of delivering services. 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.

Inspection Findings

The Partnership embraces scrutiny and feedback including from external audit and inspection agencies, recognising that such assessments will support ambitions for securing continuous improvement. Service inspections have been significantly impacted by Covid-19 at a national level throughout the reporting period. 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%).

In 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 [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'.

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. The programme is a proactive response to current and future challenges, including: increasing service demand, aging populations with complex health requirements, workforce gaps, population health, buildings which are no longer fit for purpose and financial restraints. These drivers 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.

Local engagement is a key element of the programme to ensure the needs and circumstances of different areas are fully considered and reflected going forward. Three 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.

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. During this period, the Committee continued to oversee the Strategic Commissioning Board, considered governance and assurance arrangements and performance reporting to the IJB and received progress updates regarding the programme of best value service reviews as part of the transformation required to meet sustainability challenges detailed in the Strategic Plan and Medium Term Financial Plan.

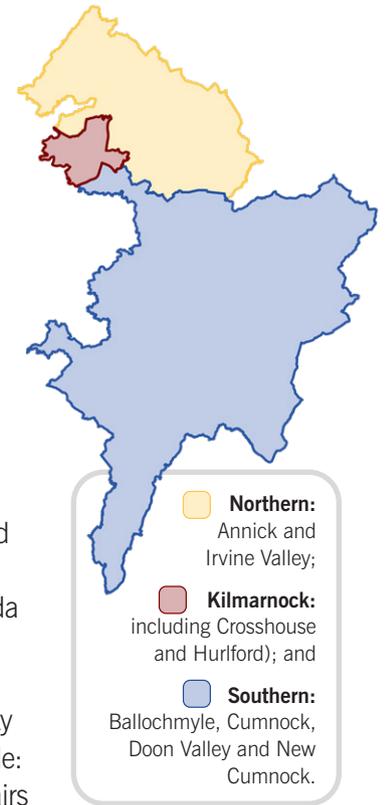
The Committee requested Internal Audit undertake a review of the IJB self-assessment against the proposals within the Ministerial Strategic Group 'Review of Progress with Integration of Health and Social Care' findings and assessment of progress made against the actions identified. The review was concluded 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.

Localities

We continue to embed a locality-based approach to service planning and delivery to meet local needs. All Locality Planning Group meetings were suspended during the first 9 months of 2020/21 as our members responded to deliver essential services to those most vulnerable in our communities. 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 virtual meetings of the three groups. Recent Locality Planning Group activities include: new group Chairs and Vice-Chairs elected, groups' Terms of Reference updated, recruitment of new members, locality planning mission statement developed and identifying key actions and activities to support the priorities outlined in the Partnership's Strategic Plan 2021-30.

Community resilience networks that developed during the early stages of the pandemic have been central to community-led activity, volunteering and mutual aid, and work has been undertaken to sustain these cross-cutting partnership delivery arrangements. 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.



Lead Partnership Arrangements

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

Throughout 2020/21, Primary and Urgent Care Services were required to adapt quickly and significantly, incorporating innovative digital solutions, comprehensive safety protocols and enhanced infection control measures to keep patients and staff safe during the Covid-19 pandemic. The Covid-19 pandemic and remobilisation work have impacted on original timescales for delivering elements of the Ayrshire and Arran Primary Care Improvement Plan 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 progressed.



Looking Ahead

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

East Ayrshire is well placed regarding many of the recommendations set out in the Independent Review of Adult Social Care in Scotland, 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 and 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.

Service Improvement Plans were established in 2016/17 and have subsequently driven improvement activities across the Partnership's main service portfolios. Covid-19 has presented significant challenges and opportunities 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.



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