East Ayrshire Health and Social Care Partnership

Locality Health and Care Services

Service Improvement Plan

2021/24

August 2021

East Ayrshire Council
Comhairle Siorrachd Àir an Ear

NHS
Ayrshire & Arran

Contents

SECTION 1: INTRODUCTION

This Service Improvement Plan for Locality Services is set within the context of the East Ayrshire Community Plan 2015 – 2030, particularly the Wellbeing Delivery Plan 2018 – 21 and the East Ayrshire Health and Social Care Partnership Strategic Plan 2021 – 2030.

Service Improvement Plans (SIPs) are a key part of the Health and Social Care Partnership's performance management and improvement framework. This plan sets out our vision and priorities; our performance framework; risks and opportunities; improvement actions for 2021/24 and progress made in 2020/21.

The SIP is structured around improvements in Locality Services as these contribute to creating positive local outcomes within the strategic planning context.

The Locality Services Management Team reviews progress against the Service Improvement Plan objectives at management team meetings, in addition to maintaining an overview of performance and risk management.

The Service Improvement Plan is comprised of the following:

- Service description;
- Policy and context;
- Review of 2020/21;
- Workforce implications;
- Service improvement plan 2021/24;
- Performance scorecard;
- Planned efficiencies, and;
- Risk assessment / management.

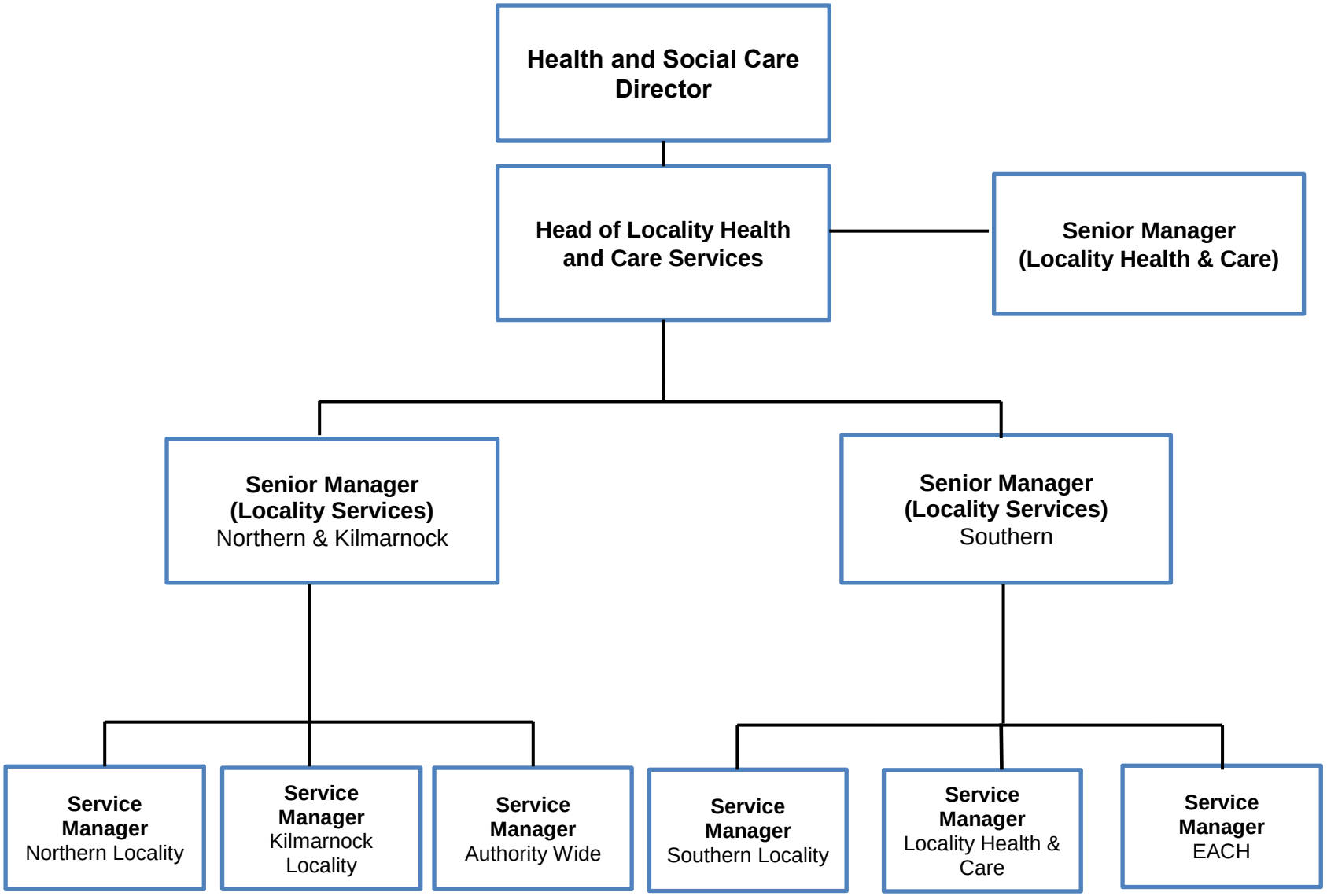
SECTION 2: SERVICE DESCRIPTION

Locality Services are wide-ranging and incorporate the following key elements:

- Locality Community Care Teams;
- Day services;
- Care at home;
- Care homes;
- Physical disabilities;
- Sensory impairment;
- District nursing;
- Frail elderly services;
- Intermediate Care Team (East);
- East Ayrshire Community Hospital services;
- Commissioning and contracting of services for adults and older people;
- Acute strategic liaison;
- Adult Support and Protection;
- Housing support;
- Older Peoples' Mental Health;
- Unscheduled care;
- Community treatment and care nursing;
- Phlebotomy service;
- Pulmonary Rehabilitation;
- Locality Occupational Therapy;
- Palliative & End of Life Care;
- Moving and Handling;
- Review Teams;
- Hospital Social Work;
- Community Equipment and Adaptations;
- Community Responder;
- Front Door service.

The organisational structure of Locality Services is highlighted below:

Locality Services Management Structure: June 2021



The budget for Locality Services for 2021/22 is highlighted below:

Service Area	Total Delegated Budget 2021/22 £m
Physical Disabilities	2.662
Older People	36.583
Sensory	0.178
Community Nursing	5.373
Transport	0.480
Intermediate Care And Rehabilitation	1.029
Non-District General Hospitals	4.850
War Pensioner	1.424
Set Aside	27.583
TOTAL	**80.162**

The “set aside” budget is for large hospital services, which are used in a predominantly unscheduled way. Service areas within the set aside budget are accident and emergency; inpatient services for general medicine, geriatric medicine, rehabilitation; respiratory and learning disability psychiatry, and palliative care services provided in hospital.

SECTION 3: POLICY AND CONTEXT

A number of key policy developments continue to shape and influence the delivery of services, alongside developments at parent body, regional and UK level that need to be recognised in our activities.

East Ayrshire Community Plan 2015-30: is the sovereign and overarching planning document for the East Ayrshire area, providing the 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."

Strategic Priorities: The Council and Community Planning Partnership Board have agreed to focus on the following:

- Improving outcomes for children and young people, with a particular focus on looked after children/young people and young carers;
- Older people: adding life to years – with a particular focus on tackling social isolation; and
- Community led regeneration: empowering communities - building community resilience.

Implementation of the Community Plan is through three thematic Delivery Plans, namely Economy and Skills, Safer Communities, and Wellbeing, which have been renewed as part of the Community Plan Review. The Health and Social Care Partnership has a lead role in taking forward the Wellbeing theme as well as being a key contributor in the delivery of the Economy and Skills and Safer Communities themes.

Community Plan Wellbeing Theme - Strategic Priorities:

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

By focussing on these, progress will be made towards the following local outcomes:

- Starting Well: Children have the best start in life.
- Living Well: People are able to look after and improve their own health and wellbeing and live in good health for longer.

NHS Ayrshire and Arran Health and Care Delivery Plan 2019-22: outlines how transformational change programmes and identified strategic objectives will achieve the triple aim of improving the patient experience of care, improving the health of populations and reducing the per capita cost of health care.

Health and Social Care Partnership Strategic Plan 2021-30: The Strategic Plan 2021-30 focusses on five core areas aimed at achieving aspirational and positive outcomes for people who use local health and care services, their families and carers by 2030. These five core strategic areas are;

- Starting Well and Living Well - More people and families have better health and wellbeing and we have fairer outcomes.
- People at the Heart of All We Do - People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support and this support is a positive experience.
- Caring for East Ayrshire - Health and social care is delivered in a way that promotes wellbeing and suits people and families, both virtually and through the buildings, places and spaces of the local environment.
- Caring for Our Workforce - Our workforce is well and we have the right people with the right skills in the right place at the right time, to achieve our ambitions for people and communities
- Safe & Protected - Our contribution to multi-agency Public Protection arrangements in East Ayrshire prevents harm and supports and protects people at risk of harm.
- Digital Connections - Digital technology has improved local wellbeing and transformed health and care

East Ayrshire Council Transformation Strategy 2: "Closing the Gap" sets out the Council's proposals for transformational change in local authority services between 2017-2022, with a shift in spending towards prevention and early intervention and a fundamental, innovative redesign of services to achieve financial and organisational sustainability.

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

Welfare Reform: The Government's programme of welfare reform and the implementation of Universal Credit has had significant financial implications for people in East Ayrshire. National research[1], has consistently demonstrated the link between socio-economic factors, for example financial income and health deprivation.

National Context:

A range of key national legislation informs the delivery of Locality Services, including:

- Public Bodies (Joint Working) (Scotland) Act 2014
- Social Care (Self-directed Support) (Scotland) Act 2013
- Carers (Scotland) Act 2016
- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Patients' Rights (Scotland) Act 2011
- Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017
- Health and Care (Staffing) (Scotland) Act 2019
- Coronavirus (Scotland) Act 2020.

[1] King's Fund (2015). *Inequalities in life expectancy Changes over time and implications for policy*. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/inequalities-in-life-expectancy-kings-fund-aug15.pdf.

King's Fund (2020). *What are health inequalities?* The King's Fund. Available at: https://www.kingsfund.org.uk/publications/what-are-health-inequalities.

The following suite of 15 national outcomes frame the activity of the Health and Social Care Partnership:

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

Locality Services Priorities 21/22: to contribute towards the Partnership's Strategic Plan and the Wellbeing Delivery Plan, quality improvement activity and learning from self-evaluation and inspection findings. Improvements in Locality Services over the course of this Service Improvement Plan are focussed on:

- Maximising independence and reducing the need for formal support
- Caring for East Ayrshire
- Multidisciplinary teams
- Rehabilitation and enablement
- Palliative and end of life care
- Workforce wellbeing, service redesign, demand management and a strategic focus on personal outcomes.

A significant policy development over the last year is the publication of the Independent Review of Adult Social Care (The Feeley Report).

COVID-19

The first COVID-19 case in Scotland was confirmed on 1st March 2020, with social distancing measures being established nationally on 23rd March. The pandemic has had a significant impact on many aspects of life, with disruption to key relationships, daily routines and personal loss having a detrimental effect on mental health across all age groups. The wellbeing of our population has been at the heart of East Ayrshire's response to the pandemic and our focus is to continue providing essential services to those who are most vulnerable and to support those most in need.

Responding to and learning from these challenges provides much of the context for the 2021/24 SIP. COVID-19 has impacted on 2020/21 progress and the ability to report on performance due to the lack of availability of certain data, as seen in Section 6. It is anticipated that this information will be reported when it becomes available.

Locality services have a key role in the local response to COVID-19, with frontline teams continuing to deliver vital services including care at home, district nursing and services within East Ayrshire Community Hospital to support individuals and families. During this period, our services have overcome a number of significant challenges, including workforce gaps, personal protective equipment provision and various operational pressures, to successfully deliver key services within communities.

Recovery and Renewal

Going forward, recovery and renewal from the wide-ranging impact of COVID-19 will be focussed on the following aims:

- Meeting current need;
- Addressing new priorities; and
- Moving forward with transformative resilience.

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

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

SECTION 4: REVIEW OF 2020/21

2020/21 Performance

- Bed days lost to delayed discharge (all delays) remained relatively stable 3,701 to 3,826
- 97.4% of older people live in housing rather than a care home or hospital
- % of last 6 months of life spent at home or in a community setting increased from 89.6% to 90.8%

Intermediate Care Team activity throughout 2020/21:

- Continued to shift the balance of care towards the community setting
- More than 400 admissions were prevented
- Almost 450 people were discharged early
- 1,250 people were supported to return home with only care at home

A best value review of Care at Home concluded in the reporting period following extensive engagement with people who use the service, their families and carers. The recommendations of the review were accepted resulting in the implementation of a new model comprising: improved salaries, revised roles, career pathways and the introduction of a learning academy to support staff.

"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"

"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 face each time they are in"

The implementation of CM2000 (care delivery management software), has provided a number of operational benefits, including: real time monitoring, identifying staff capacity, timely delivery of key information to frontline staff, aiding continuity of care, setting timescale tolerances for visits and sending real time alerts to avoid missed visits. These improvements have contributed towards meeting service user outcomes and resource efficiency.

A new learning module was created which provides a comprehensive overview of Self-Directed Support (SDS). This course has been particularly valuable to social workers and support assistants in helping them refresh their knowledge and also for those who are new to the service. The module incorporates numerous key learning objectives, such as an overview of the four SDS options and East Ayrshire's approach to SDS.

SECTION 5: WORKFORCE IMPLICATIONS

Workforce Planning continues to be a key priority within the service to ensure we achieve our ambition of 'the right people with the right skills in the right place at the right time'.

There are many workforce challenges including:

- Increased demand for services
- Recruitment and retention particularly in rural areas
- Our ageing workforce
- Changing roles to become more flexible and adaptable to patient/user needs.
- Financial challenges
- Virtual delivery of learning & development

There are also challenges which are very specific to individual services or professions and these are incorporated within our local workforce plans to ensure continuity of service delivery.

It is vital to ensure we have a fully flexible workforce with the right skills to enable them to adapt to the ever changing environment.

In recovering from the COVID-19 pandemic, detailed workforce planning will be increasingly important as we develop new ways of working and different models of care.

The workforce plans will be reviewed to reflect this. We are committed to engage with our partners and our workforce to ensure the service design is fit for purpose and the workforce is skilled and sustainable. Whether it is normal service delivery or ensuring delivery in a crisis the key priority will always be the safety and wellbeing of both the patient/user and our workforce by ensuring our workforce has the skills and support needed.

SECTION 6: IMPROVEMENT ACTION PLAN 2021/22-24

2030 OUTCOMES:	**More people and families have better health and wellbeing and we have fairer outcomes.** • People who have palliative or end of life care needs will be supported according to their wishes • Compassionate connections between people, families, colleagues and communities will be valued as having a positive impact on the health and wellbeing of East Ayrshire • Through these improvements, the Partnership will have successfully managed demand for its services			
21/22 ACTION AREA / 2024 DELIVERABLE	**SERVICE IMPROVEMENT PRIORITY**	**SERVICE IMPROVEMENT ACTIONS**	**DUE**	**ACCOUNTABLE (Responsible Manager)**
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	Starting well & living well	To support our partner care homes to recover from the impact of the pandemic through our oversight and support arrangements, recognising that as we exit from the pandemic the impact of loss and associated trauma may significantly impact on this workforce	31 March 2022	Head of Service
		Explore opportunities and extend model to implement a range of effective palliative care and end of life care models through joint working, including with carers	31 March 2022	Senior Manager
		Establish and implement arrangements to systematically learn from the voices / experiences of supported people (Care Opinion roll-out)	30 Sept 2021	Head of Service
Improving access to comprehensive wellbeing and self-management information, resources and supports	Starting well & living well	Ensure that the range of wellbeing resources available and developed is promoted across the workforce in Locality Health and Care.	31 March 2022	Senior Manager

2030 OUTCOMES:	**Health and social care is delivered in a way that promotes wellbeing and suits people and families, both virtually and through the buildings, places and spaces of the local environment**. • Citizens will recognise and value their contribution to the design of services, feel invested in their success and use them appropriately, • More people will be able to live independently and according to their wishes, because they are able to better manage their own health and have easy access to local, effective support for long term conditions and disabilities, and • When needed, complex or specialist treatment will be provided quickly, effectively and to the highest standard.			
21/22 ACTION AREA / 2024 DELIVERABLE	**SERVICE IMPROVEMENT PRIORITY**	**SERVICE IMPROVEMENT ACTIONS**	**DUE**	**ACCOUNTABLE (Responsible Manager)**
Build on the learning over the Covid19 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	Caring for East Ayrshire	As part of Caring for Ayrshire, review and implement recommendations for Front Door Services.	31 March 2022	Senior Manager
		As part of Caring for Ayrshire, review and implement recommendations for Community Nursing as part of MDTs.	31 March 2022	Senior Manager

Adopt the Scottish Approach to Service Design to understand the needs of our citizens, workforce and stakeholders and create opportunities though a range of perspectives and collaboration in redesign solutions	Caring for East Ayrshire	Increase quality improvement capacity and activity through participation in NHS Ayrshire and Arran quality improvement training, SCIL, Six Sigma and other programmes	31 March 2022	Head of Service
Continue to progress redesign of place-based models of care in Cumnock and the Irvine Valley	Caring for East Ayrshire	As part of Caring for Ayrshire, implement the new model of care for East Ayrshire Community Hospital (EACH).	31 March 2022	Senior Manager
2030 OUTCOMES:	**People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support- they are at the centre of all we do and support is a positive experience.** • Health and social care services will work in a multidisciplinary manner as standard and job satisfaction will be enhanced			
21/22 ACTION AREA / 2024 DELIVERABLE	**SERVICE IMPROVEMENT PRIORITY**	**SERVICE IMPROVEMENT ACTIONS**	**DUE**	**ACCOUNTABLE**
Focus on ongoing and intensive rehabilitation support for people to recover from the effects of Covid19 and lockdown	People at the heart of what we do	Implement the recommendations of the 2020-21 review of older people's mental health following completion of final engagement.	31 March 2022	Senior Manager
		Develop frailty initiatives, including Hospital at Home approaches, across multi-disciplinary teams to reduce hospital admission and length of stay	31 March 2022	Senior Manager
		Widen enablement approaches across the range of Locality Health and Care Services	31 March 2022	Senior Manager

Implementing effective multidisciplinary teams and models around Localities, Learning Communities, GP Clusters and community assets through investment in service redesign	People at the heart of what we do	Delivery of development programme for Multi Disciplinary Team working in Locality Health and Care.	31st March 2022	Head of Locality Health and Care
		Implement Phase II of the Best Value Review Improvement Action Plan in care at home with a focus on assessment, care planning and review in the context of personalisation and choice.	30 June 2022	Senior Manager
Developing aligned service redesign in day opportunities for older people, local residential services for adults and across our prevention and early intervention programmes and initiatives,	People at the heart of what we do	Carry out re-phased Best Value Service Review Programme in Locality Health and Care Services.	31 March 2022	Senior Manager

2030 OUTCOMES:	**The health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals.** • The health and social care workforce will be well and we will have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals			
21/22 ACTION AREA / 2024 DELIVERABLE	**SERVICE IMPROVEMENT PRIORITY**	**SERVICE IMPROVEMENT ACTIONS**	**DUE**	**ACCOUNTABLE (Responsible Manager)**
Value the workforce by ensuring their have training and resources to do their jobs well, following Covid19 and as part of service redesign	Caring for our workforce	Implementation of the Social Care Learning Hub following on from the Best Value Review of Care at Home.	31st March 2022	Senior Manager

Invest in and deliver a comprehensive programme of wellbeing support	Caring for our workforce	Ensure that the range of wellbeing resources available and developed is promoted across the workforce in Locality Health and Care.	31 March 2022	Senior Manager
Develop and deliver our interim Workforce Plan for 2021/22	Caring for our workforce	Establish service-specific structure for workforce planning.	30 September 2021	Head of Service
Continuing to invest in the workforce to become an employer of choice attracting and retaining the right people through training, development, support and providing career opportunities	Caring for our workforce	Put in place regular high profile recruitment campaigns in key areas of Locality Health and Care Services making greater use of social media and web presence.	30 September 2021	Senior Manager
2030 OUTCOMES:	**East Ayrshire is a safe place for people to live, work and visit.** • Multi-agency staff are trained and supported to confidently protect people at risk of harm, • When needed, support and protection is provided to vulnerable people to reduce risk of harm and improve safety			
21/22 ACTION AREA / 2024 DELIVERABLE	**SERVICE IMPROVEMENT PRIORITY**	**SERVICE IMPROVEMENT ACTIONS**	**DUE**	**ACCOUNTABLE (Responsible Manager)**
Build on the learning over the Covid19 pandemic to improve interventions to protect people through our multi-agency public protection arrangements	Safe and protected	Implement any improvement actions arising from the multi-agency inspection of Adult Support and Protection (expected publication date August 2021).	31 March 2022	Head of Service

SECTION 6B: PERFORMANCE SCORECARD 2021-22

Customers

Measure	2020/21 Result	2021-22 Target
Number of Older Aged Residents in Care Homes (as at March)	Still To Be Confirmed (STBC)	Data Only
Number of Care at Home Service Users Aged 65+ (as at March)	TBC	Data Only

Outcomes

Measure	20/21 Result	2021-22 Target
% of older people with improved outcomes in 3 or more Talking Points domains	Still To Be Confirmed (STBC)	Data Only
% of older people with improved outcomes in 4 or more Talking Points domains	STBC	Data Only
% of older people with improved outcomes in the 'Feeling Safe' domain	STBC	Data Only
% of older people with an improved outcome in the 'Having things to do/being part of the community/meeting people/ relationships' domain	STBC	Data Only
% of older people with an improved outcome in the 'Looking After Yourself / Staying as well as you can be' domain	STBC	Data Only
% of older people with an improved outcome in the 'Living Somewhere that meets your needs' domain	STBC	Data Only
% of older people with an improved outcome in the 'Being listened to and having your say/Being responded to and respected ' domain	STBC	Data Only
Front Door Service - % of people re-directed to alternative supports	STBC	Data Only
% of people with an ongoing care package who experienced a reduction in care at home hours	STBC	Data Only
% of last 6 months of life spent at home or in a community setting	STBC	89.4%
No. of A&E Attendances (65+ age group)	STBC	Data Only
Bed days lost to delayed discharge (All Reasons, 18+ age group)	STBC	Under Review
Readmission to hospital within 7 days	STBC	4.3%
Readmission to hospital within 28 days	STBC	9.2%

People

Measure	2020/21 Result	2021-22 Target
Council FACE/PDP Review - % with FACE in place	Still To Be Confirmed (STBC)	95%
NHS PDR- % of PDRs completed & signed off by both parties at the end of the month	STBC	95%
Sickness absence days per person (LA)	STBC	0.67
Sickness absence - % of available days (NHS)	STBC	4%

Processes

Measure	2020/21 Result	Target
Number of emergency admissions (65+ age group)	Still To Be Confirmed (STBC)	Data Only
Number of unscheduled hospital bed days; (acute specialties, older people)	STBC	Data Only
Number of unscheduled hospital bed days; (geriatric long stay, older people)	STBC	Data Only
% of Emergency Attendances Converted to Unscheduled Admissions (all ages)	STBC	30%
Number of delayed discharges over two weeks (HSC patient & family reasons)	STBC	0
Number of delayed discharge bed days (Exc. Code 9)	STBC	Data Only
Number of delayed discharge bed days (Code 9)	STBC	Data Only
Referral to social work in week before fit for discharge	STBC	50%
% of patients discharged within 72 hours	STBC	Data Only
ICT- Balance of Referrals: Early discharge / Prevention of admission	STBC	ED 70% / PoA 30%
Average length of stay (days) for all patients on rehabilitation, sub-acute and palliative pathways (Burnock Ward, EACH)	STBC	Data Only
% of patients who reported a positive care experience in Burnock ward, EACH	STBC	95%

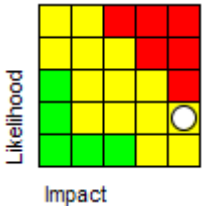
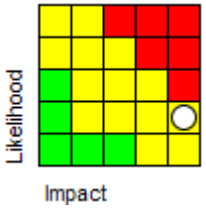
SECTION 7: PLANNED EFFICIENCIES 2021-22

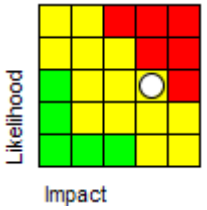
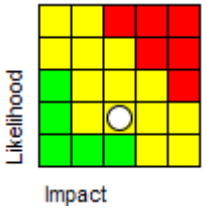
The detail of planned efficiencies for the local authority parent body is set out in the Transformation Strategy, with periodic reporting on this provided through East Ayrshire Performs.

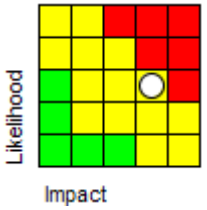
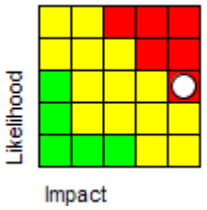
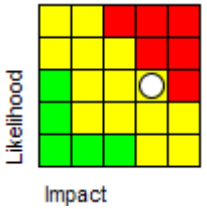
In relation to planned efficiencies for the Partnership in 2021/22, the specific action to be taken forward by Locality Services relate to:

No	Option	2021/22 Saving £m	Additional Comments
1	Reduce elderly residential and nursing care budget by 24 placements	0.604	2020/21 Baseline savings (to be considered as part of remobilise, recovery, redesign agenda).
2	Reduce elderly residential and nursing care budget by 6 placements	0.140	Long-term reduction in places, but rebalanced in favour of more costly nursing care. Maintain capacity to respond to seasonal pressure in recovery
3	Community equipment - streamlining of processes and stock control	0.040	New process creating 15% saving on ramps at 10 ramps = £0.011m, Store relocation rental and charge reduction = £0.020m, improved stock control = £0.009m.
4	Alternative day opportunities and reduced day service operation	0.110	Reduce to occupancy, with small contingency and provide alternative opportunities in Phase 4 of recovery
5	Future reablement saving from greater occupational therapy input from 2022 (part-year)	0.010	Increase in reablement potential identified assuming 1% of total of 3,000 referrals to 30 individuals and reduction of one-quarter on average package of £0.008m. Total £0.030m.
6	Additional management of turnover	0.050	Increased management of workforce turnover
Total		**0.954**	

SECTION 8: RISK ASSESSMENT/MANAGEMENT 2021-22

Code	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
LOCRISK01	**Failure to be sustainable** That the reduction in public services funding, coupled with demographic pressures, means we are unable to commission and deliver services which meet our strategic priorities or fulfil our statutory duties.	**2**	**5**	**10**			Maximise partnership working and the potential benefits of integration. Transformational change programmes and service redesign that seek to attract additional investment, release capacity and recurring savings, or stop activity that no longer delivers positive outcomes for people we support. Anticipate demand and identify activity that will reduce demand for services. Realise CRES savings Robust costing of service change
LOCRISK02	**Failure to protect people** That the complexity of public protection, coupled with the increasing complexity of the needs we are meeting, means we are unable to ensure the safety of vulnerable and people at risk of abuse. Failure to follow established procedures. Failure to take personal accountability for practice.	**2**	**5**	**10**			A robust Adult Support & Protection Team is in place supporting front line practice by developing appropriate policies and procedures. Focus group work is also taking place Public Protection Unit established Council Officer Forums Liaison with Care Inspectorate Self evaluation work Staff training and screening for risk. Public facing protection work Audit Supervision

Code	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
LOCRISK03	**Failure of external service providers** That financial pressures, poor quality of care or poor leadership lead to the failure of external service providers to meet contractual obligations, and consequently mean we are unable to meet our strategic priorities or fulfil our statutory duties.	**3**	**4**	**12**			Contract monitoring and review officers Care Inspectorate reporting and quality of care issues Some additional risks identified and moratoria, investigations and respite commissioning being taken forward Robust adult support & protection processes Contingency planning to provide emergency cover are in place across care homes. Implement Care Home Audit Risk registers in place with mitigations Enhanced Professionals Clinical Care oversight group.
LOCRISK04	**Failure to meet standards of care** That inconsistent practice means we are not meeting people's needs in a way that is safe for them, is of good quality, or that meets our own or statutory standards.	**2**	**3**	**6**			Professional codes of conduct Duty of candour Care plan audits Clinical audits and improvement plans Supervision in place Incident reporting and learning Spot checks Robust care governance in place.

Code	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
LOCRISK05	**Failure to move to a more preventive and early intervention delivery model** That we fail to re-balance our models of care, meaning people are unable to access appropriate support at an early stage, and so become reliant on more intensive supports and hospital admissions; and that in turn this leads to unsustainability of the health and social care system.	**3**	**4**	**12**			Caring for East Ayrshire Invest in Vibrant Communities and Third Sector Programme of service reviews that test for prevention / early intervention Continuing the service change programme (including FDS, ICT East, and management of supported tenancies) Improved co-ordination of planning & performance support Practice is now established.
LOCRISK06	**Failure to undertake and implement transformational redesign work programmes** That capacity in key roles within the workforce to implement transformational/improvement work is limited by the need to manage operational responsibilities.	**3**	**5**	**15**			Best Value Service Programme underway Individual Best Value groups Strategic Commissioning Board oversight Workforce Planning.
LOCRISK07	**COVID-19 pandemic impact associated with:** Increased service pressure for a sustained period over weeks or months; increased demand for community-based and care home services to mobilise capacity for critical care in acute services; loss of unpaid carer availability through illness and associated increased demand for support at home or admission to care homes; increased vulnerability of supported people in community and care homes to severe symptoms; higher levels of absence within community and care home services due to the demographic composition of the workforce; experience of exhaustion and trauma within workforce.	**3**	**4**	**12**			Monitoring of impact on workforce, population and supported people; reduce risk of transmission through infection prevention and control; follow national guidance; close liaison with Public Health; implement Business Continuity Plans; secure and monitor Personal Protective Equipment supply; risk-based prioritisation of support; alternative delivery of support including TEC; professional advice and support; regular communication with providers; flexible commissioning arrangements; redeployment response; escalation/de-escalation processes; testing and contact tracing; treatment/vaccination supply and distribution; partnership with trade unions and human resources; communication and engagement of workforce and stakeholders; workforce wellbeing measures.