



East Ayrshire Community Health Partnership

Working together to Improve Health
and Wellbeing in East Ayrshire

Annual Report 2010/2011

DRAFT 26th September



East Ayrshire Community Health Partnership

Annual Report

2010/2011

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Foreword

As Chair of East Ayrshire Community Health Partnership I welcome the opportunity to provide an introduction to our annual report for 2010/2011.

Within East Ayrshire we have been working hard as partners to plan, support and deliver effective, efficient services for the people of East Ayrshire. Over the last year the CHP has developed significantly and there has been good engagement from representatives of partners, professional bodies, voluntary sector and from senior staff within the Local Authority and the NHS. This has been rewarding for the CHP to achieve the very best out of partnership working between East Ayrshire Council, NHS Ayrshire and Arran and our communities.

We have made good progress in terms of our performance and can boast a number of areas of best practice both nationally and locally. There have been specific areas where the CHP has focussed its efforts over the last year:

- Development of Improving Health and Wellbeing Action Plan of the Community Plan for 2011 - 2015
- Development of revised Improving Health and Wellbeing element of the Single Outcome agreement for 2011 – 2015
- Improved articulation of health and wellbeing agenda across the community planning structures
- Independent and voluntary sector involvement strengthened – independent sector are now represented on the CHP Forum through Scottish Care.
- Supporting the development of the national programme for Reshaping Care for Older People

We still however have a great deal of work to do and over the next year we will endeavour to further develop and optimise our partnerships and respond to local needs in order to improve the health, wellbeing and care outcomes for the people of East Ayrshire.

ClIr Drew Filson

Chair of East Ayrshire CHP Committee

2 **East Ayrshire Community Health Partnership - Progress.**

2.1 The Community Health Partnership (CHP) is fully integrated within the Community Planning framework through a range of committees and forums, including the Officer Locality Groups, which report on a regular basis to the full CHP Committee.

The **Officer Locality Group for Children and Young People** provides a strong and effective partnership mechanism to implement and respond to local and national policies and strategies, and provides the key operational planning structure for integrated children's services in East Ayrshire and over the last year has focused on a range of specific work streams, namely:

- Early Years Early Intervention (including pre birth to 12 years);
- GIRFEC (Getting It Right For Every Child - assessment and integrated working);
- Children's Health;
- Corporate Parenting;
- Alcohol and Drugs; and
- Improving Health and Reducing Inequalities.

2.2 The **Officer Locality Group for Adults and Older People** provides a strong and effective partnership mechanism to implement and respond to local and national policies and strategies. Over the last year, this group, which is the main structure for planning adults and older people's partnership services in East Ayrshire, continued to focus on specific work streams, namely:

- Older People;
- Long Term Conditions;
- Rehabilitation and Enablement;
- Mental Health and Learning Disabilities;
- Financial Inclusion;
- Alcohol and Drugs; and
- Improving Health and Reducing Inequalities.

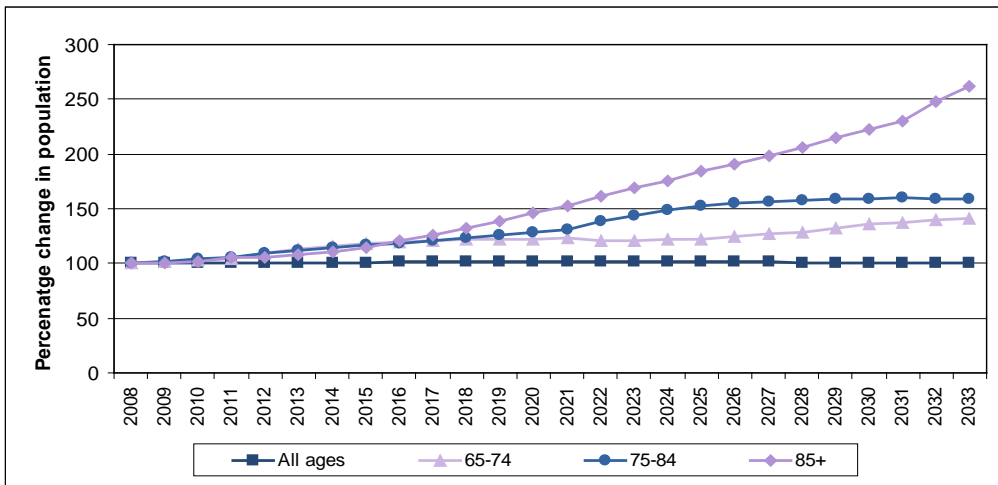
As the partnership working has developed and improved over the last year, this has allowed the partnership to merge and reduce the number of sub groups reporting to the locality groups. Partners have begun to develop a better understanding of their roles within the groups and the opportunities presented to share practice and integrate resources.

Appendix 1 demonstrates the range of partnership work which has been supported and developed through the CHP structures.

2.3 The **CHP Forum** is the key consultation, engagement and advisory mechanism for the partnership and this forum has developed considerably over the last year. The Forum has a new chair, and has extended its previous membership to include representation from the independent sector, particularly Scottish Care.

2.4	The Carers Forum has developed as a sub group of the CHP forum, and provides an enthusiastic and innovative way to work and develop relationships with this sector.
2.5	<p>Strategic Planning and Measuring Performance</p> <p>The CHP functions as the ‘thematic’ planning group within this Community Planning context in terms of Improving Health and Wellbeing and has developed the strategic, long term local and national outcomes within the newly developed Improving Health and Wellbeing Action Plan of the Community Plan for 2011 – 2015, and the revised Improving Health and Wellbeing element of the Single Outcome agreement for 2011 – 2015</p> <p>This action plan together with other key strategic drivers such as the Children and Young People’s Service Plan form the central basis for the work of the CHP and the reporting of Performance. In line with national requirements the health and wellbeing elements of the SOA together with the Improving Health and Wellbeing Action Plan and other drivers are submitted to the CHP Committee on an annual basis and following approval; form part of the performance return to the Scottish Government in September each year.</p>
2.6	<p>The Single Outcome Agreement which is developed by Community Planning Partners is the mechanism by which progress towards the achievement of shared local and national outcomes is measured and reported to the CHP in respect of Improving Health and Wellbeing, EAC Cabinet, the Community Planning and Partnership Board and the Scottish Government. Appendix 2 provides the completed SOA for 2008- 2011, which has been approved by the CHP committee prior to submission to the Scottish Government.</p>
3	<p>Local Context</p>
3.1	<p>East Ayrshire covers an area of 490 square miles from Lugton in the north to Loch Doon in the south. It has a population of 119,920 who live in a mixture of urban, rural and isolated communities. Kilmarnock is the major urban area with a population around 43,500 (36%). The remainder of the population lives in smaller communities ranging from a few hundred people to around 9,000 people in Cumnock. (Source: General Register Office for Scotland, 2008 Mid Year Estimates of Population.)</p>
3.2	<p>Ageing Population: Contrary to previous trends the latest available estimates indicate that the population of East Ayrshire is likely to remain relatively static between 2011 and 2033; this compares with an expected 7.3% increase nationally over the same period.</p> <p>The population is ageing significantly, with the local working age population projected to fall by 6.6% between 2008 and 2033 compared with a 2,2% increase across Scotland.</p> <p>Over the 25 year period, the age group that is projected to increase the most in size in East Ayrshire is the 75+ age group. The population aged under 16 years in East Ayrshire is projected to decline by 8% between 2008 to 2033.</p> <p>(Source: General Register Office for Scotland: East Ayrshire Council Demographic Area – Demographic Factsheet, December 2010.)</p>

Chart 1: Projected population change of the East Ayrshire: 2008-2033.



3.3 **Unemployment:** In East Ayrshire, where pre-recession unemployment levels were already above the Scottish average, claimant count unemployment has increased further from 3.3% at January 2008, to 5.0% at January 2009, to 5.9% at January 2010 and 6.1% at January 2011, compared to the Scottish average of 2.2%, 3.2%, 4.2% and 4.3% respectively. (Source: Nomis, January 2011.)

3.4 **Crime:** When compared with Scotland, the overall recorded crime rate per 10,000 of population has been consistently lower (725 per 10,000 of population in East Ayrshire compared with 749 per 10,000 per population in Scotland 2007/08, 683 with compared with 730 in 2008/09 and 663 compared with 651 in 2009/10. (Source: Recorded Crimes in Scotland Series, Scottish Government, 2011)

3.5 **Scottish Index of Multiple Deprivation:** The Scottish Index of Multiple Deprivation (SIMD) 2009 highlights that around 19% (approximately 1 in 5) of East Ayrshire's residents live in the 0-15% most deprived datazones. In East Ayrshire, there were 30 datazones in the 0-15% most deprived category in SIMD 2009, compared to 28 in 2006 and 28 in 2004.

With regards to the health, East Ayrshire is one of four Local Authorities to have seen large increases in the percentage of their datazones in the 0-15% most deprived on the health domain between 2006 and 2009, with over a quarter of the datazones in East Ayrshire featuring among Scotland's 0-15% most health deprived.

3.6 **Health:** Male and Female life expectancy rates are significantly worse than the Scotland average, at 73.9 years for male compared to the national average of 74.5 years and 78.1 years for females compared to the national average of 79.5 years (Source: ScotPHO, East Ayrshire Health & Wellbeing Profiles, 2010)

East Ayrshire Community Health Partnership Health Indicators

3.7	<ul style="list-style-type: none"> • all cause mortality (all ages) is significantly worse than Scotland; • early mortality rates from coronary heart disease, stroke and cancer are not significantly different from Scotland; • the proportion of the population hospitalised with alcohol conditions (1,538 standardised rate per 100,000 population) and drug related conditions (173.0 standardised rate per 100,000 population) is significantly worse than the Scotland average (1,088 and 85.1 standardised rate per 100,000 population respectively); • for patients hospitalised after a fall in the home (aged 65 and over), with asthma, with COPD or after a road traffic accident the proportions of the population hospitalised are significantly worse than average; • the proportion of adults claiming Incapacity Benefit and Severe Disability Allowance is significantly worse (higher) than the Scotland average (6.3% compared to 5.6%), • 41.2% of older people (aged 65 and over) with intensive care needs are cared for at home, rather than in care homes or geriatric long stay hospital beds, compared to 31.7% in Scotland; • the percentage of mothers smoking in pregnancy is significantly worse than the Scotland average (27.2% compared to 22.6%); and • the percentage of babies exclusively breastfed at 6-8 weeks is significantly worse than the Scotland average (19.2% compared to 26.4%). • 37.1% of fifteen year olds in East Ayrshire consume at least one alcoholic drink per week compared to the Scottish average of 29.6%. • 5.8% of fifteen year olds in East Ayrshire admitted to usually taking illicit drugs at least once a month compared to the Scottish Average of 6.8% <p>(Source: Scottish Public Health Observatory - Health and Wellbeing Profiles 2010: East Ayrshire Community Health Partnership.)</p> <p>For further information a link to the most recent East Ayrshire CHP Health and Wellbeing Profile (2010) is attached below</p> <p><u>East Ayrshire CHP Health & Wellbeing Profile 2010</u></p>
4	<p>Working in Partnership to Deliver Shared Outcomes- Performance in 2010/2011 for Children and Young People</p> <p>National Outcome 5 Our Children and Young People have the best start in life and are ready to succeed</p> <p>Local Outcome Healthy lifestyles for children and young people promoted</p> <p>Refer to Appendix One for 10/11 Performance against local and national outcomes</p>
4.1	<p>A summary of our partnership progress in 10/11 towards achievement of the National Outcome 5 is detailed below:</p> <p>Early Years / Parenting Support: The Solihull three year training programme is currently being rolled out. Its aim is to improve opportunities 'to build the capacity of individuals, families and communities to secure the best outcomes for children and young</p>

people which reflect the universal and targeted approaches', and is founded on the principles of early intervention to ensure that every child gets the best start in life. The outcomes for the programme are:

- increased positive parenting skills across the East Ayrshire area;
- strengthened levels of community contact and support for families; and
- improved joint working between and across agencies
- 91 practitioners across education, social work and health have been trained
- 50 of these practitioners have also been trained to use the Rickter Scale for evaluation
- 16 trained trainers in the Solihull Approach

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4.2	<p>Review of 0-3 Services: A review of 0-3 services provided by the Council has been implemented. It was set within the context of the key national policy development Early Years Framework and the key delivery tool 'Getting it Right for Every Child', and sought to better integrate and streamline the assessment, planning and review arrangements for very young children. It also recognised the key tenet of the Early Years Framework of providing better support for parents. Revised procedures have been developed for access to 0-3 services, which are set within the context of increasing demand for services for vulnerable children under 3 years and their families and the need to ensure that resources are allocated appropriately, proportionately and timely.</p>
4.3	<p>Managers/lead practitioners: Support continues to be provided to managers/lead practitioners to gain the required number of qualification credits to allow them to progress to degree level SCQF (Scottish Credit and Qualification Framework) Level 9.</p>
4.4	<p>Childcare Information: The Early Years Framework identifies the development of Childcare Information Services into Family Information Services as a long term aim. The pan Ayrshire Childcare and Recreation Information Service (CARIS) has been developing its family support information section since 2006 and now receives over 500 hits per month.</p> <p>Audits of Early Education and Childcare Staff qualifications undertaken annually (11% of managers/lead practitioners hold qualifications at SCQF [Scottish Credit Qualification Framework] Level 9 and 89% managers/lead practitioners are working towards a qualification at SCQF Level 9); and in house training developed and delivered to standardise practitioners' qualifications at SCQF Level 8 in readiness for progressing to Level 9.</p>
4.5	<p>Health Improvement</p> <p>We continue to make good progress in improving the oral health of our children and young people with the roll out of the Community Pharmacy and Childsmile programmes to some of our most disadvantaged areas, including Dalmellington and Patna in 2010/11. This is a particularly innovative piece of work which continues to make good progress, with continued roll out within the 0-20% most deprived areas as identified by the Scottish Index of Multiple Deprivation (SIMD) 2009. The Community Pharmacy Project targeting North West Kilmarnock (birth to 12 years) was implemented and evaluated in 2010/11. The pilot was rolled out to Shortlees, New Farm Loch, Irvine Valley, Auchinleck, Cumnock, New Cumnock, Dalmellington and Patna. In addition, as planned, it was rolled out to the new pharmacy in Bellfield in April 2011.</p> <p>The uptake of physical activity continues to increase year on year, with children from early years to teenage years participating in a wide range of innovative play, sport and active recreation activities. In 2010/11, 49,744 attendances were recorded at sports programmes; 14,639 attendances at active recreation and health awareness sessions; 14,529 attendances recorded across Leisure Development holiday programmes; and 13,055 attendances recorded as participating in active play. All annual targets were exceeded.</p> <p>In terms of childhood obesity, we continue to make progress with the most recent</p>

statistics reflecting an estimated number of obese children in Primary One decreasing from 8.7% at the 2007/08 baseline position to 7.7% in 2008/09 to 6.1% in 2009/10 (Source: NHS Ayrshire and Arran [ISD Scotland]). In terms of activity, thirteen 'Jumpstart' Child Healthy Weight Programmes were completed in a range of locations throughout East Ayrshire which benefited a total of 88 children; and 8 MEND (Mind, Exercise, Nutrition...Do It!) programmes and a range of health eating initiatives delivered with over 2,000 participants.

With regard to breastfeeding, although we have not met our target for the proportion of newborn children exclusively breastfed at 6-8 weeks, we have continued to take a range of remedial action to facilitate future progress, including the development and roll out of a model of peer support targeting communities with the lowest breastfeeding rates. Breastfeeding support groups in Kilmarnock and Cumnock continue to be well attended, with an average of 5 mothers per week attending. The pilot project in North West Kilmarnock targeting young women from one of our most disadvantaged areas has been operated in conjunction with NHS Ayrshire and Arran, East Ayrshire Council and Health Scotland, and is scheduled to be evaluated in December 2011. In addition, a guidance document for promoting, supporting and protecting breast feeding in Early Years establishments has been produced and training offered to staff.

The School's Alcohol Education Coordinator (seconded post) resulted in a number of achievements, including the development of a range of Curriculum for Excellence resources focused on alcohol education for young people; the development of Peer Education and training programmes for young people; and the launch of a significant teaching resource for schools focusing on alcohol and drug education. The SPICE (Substance Misuse Prevention in Community Education) resource, which is fully evidenced based, has been recognised as an example of good practice by Learning Teaching Scotland and the Scottish Government, and will be made available to all local authorities and teachers across Scotland via the GLOW website.

A wide range of work continues to be undertaken in relation to providing tobacco information, prevention and cessation support services for young people and to promote the benefits of a tobacco free lifestyle. This includes the development and provision of tobacco awareness and staff training at primary and secondary schools and the provision of smoking cessation programmes for young people. Examples of activity include a project undertaken with pupils by Stewarton Academy school nurse, during which they ran a week long campaign, designed posters; developed resources, including a DVD; staffed stalls; provided information/education to peers; and entered Fresh-Ayrshire's competition and subsequently won resources for their school. In addition, a smoking cessation poster competition was promoted by Doon Valley Pharmacy for Primary and Secondary school pupils in the area.

5

Working in Partnership to Deliver Shared Outcomes- Performance in 2010/2011 for Adults and Older People

	<p>National Outcome 6 We live longer Healthier Lives</p> <p>National Outcome 11 We have strong, resilient and supportive communities where people take responsibility for their actions and how they affect others</p> <p>Local Outcome Health and well being of the local population improved</p> <p>Refer to Appendices Two and Four for 10/11 Performance against local and national outcomes</p>
<p>5.1</p> <p>5.2</p>	<p>A summary of our partnership progress in 10/11 towards achievement of the National Outcome 6 and 11 is detailed below :</p> <p>Over the last year, the development of East Ayrshire Alcohol and Drug Partnership (ADP) has continued, with activity including a successful event to engage with partners, stakeholders, carers and service users and allow further consultation and scrutiny around the development of indicators and actions for the ADP Strategy and Action Plan; and the development of a service delivery group to work in partnership with Strathclyde Police in delivering the Public Reassurance Model within North West Kilmarnock. The partnership is now consulting on its new Alcohol and Drug Partnership Strategy and resource mapping exercise. The Anthrax alert received from Scottish Government has led to significant investment within secondary care services to provide better identification of individuals at risk and to reduce waiting lists. This has also had an effect on in patient and day case discharge numbers as better identification and treatment services are developed. Performance highlights included a successful ‘check out’ event involving partners, stakeholders, carers and service users to allow further consultation and scrutiny around the development of indicators and actions for the ADP strategy in 2011. The ADP has also engaged with Kilmarnock town centre business in order to reduce the perceived fear of crime in the town centre related to drug users attending town centre pharmacies for substitute medication.</p> <p>Partnership working has been further supported nationally through the Reshaping Care for Older People programme and the establishment of the Change Fund (1.684 million allocated to East Ayrshire) This fund is intended to be used as a lever to support service change in mainstream services and improve long term outcomes for older people in partnership with the third and independent sectors. As a consequence of this, East Ayrshire CPP Board remitted the Community Health Partnership (CHP) Committee to develop a Local Transformation Plan, which was agreed in partnership by East Ayrshire Council, NHS Ayrshire and Arran and the Voluntary and Independent Sectors. East Ayrshire’s submission was then formally approved by the Scottish Government on the 15 March 2011. The Transformation Plan sets out an investment and implementation strategy to utilise the resources allocated through the Change Fund in support of further progressing the Reshaping Care agenda. Further work in this regard will be taken forward in 2011/12.</p> <p>A database has been developed to allow the identification of ‘repeat fallers’ through our community alarm service. This supports the development of a falls prevention and management pathway in East Ayrshire. The development of a Single Point of Contact model for community rehabilitation is being piloted in East Ayrshire Community Hospital</p>

<p>5.3</p>	<p>and has seen 27 referrals in the first 6 months, saving 135 bed days. This pilot work has included GP practices within the Cumnock area and other health and social care professionals, for example physiotherapy, occupational therapy and Home Care .</p> <p>Through the Mental Health and Learning Disabilities Partnership, work has been undertaken to raise public awareness of suicide and deliberate self-harm within local communities and encourage people to seek help earlier by providing training, information and support services. In 2010/11, 17 Applied Suicide Intervention Skills Training courses, 11 Skills Training on Risk Management Courses, 4 Scottish Mental Health First Aid courses and a media campaign were delivered locally. Increased awareness within the general population and services providers has led to better identification of those most at risk in East Ayrshire with a subsequent increase in anti-depressant prescribing which we would expect to level within the next reporting period.</p> <p>As a test site for the Integrated Resource Framework, East Ayrshire is leading on developing complex adult care packages which are managed within the Mental Health and Learning Disability Partnership. An audit of existing service provision, funding commitments and service models, and benchmarking with other areas was completed by NHS Ayrshire and Arran and East Ayrshire Council. In addition, engagement with frontline staff has contributed to a remodelling of service provision which will maintain personalised service delivery within a sustainable financial framework. An implementation plan for this work has been developed and agreed by partners outlining the next steps for this innovative work. This work has also been prioritised within an accelerated programme with the Scottish Government.</p>
<p>5.4</p>	<p>In relation to Long Term Conditions, including diabetes mellitus, hypertensive disease, angina pectoris, myocardial infarction, other ischaemic heart disease, heart failure, chronic obstructive pulmonary disease and asthma, 863 physical activity classes, many with a health education element, were delivered recording participant attendance of 13,498. In addition anticipatory care approaches are being implemented through the Integrated Resource Framework in Dalmellington, with 8 individuals and their carers trained in self management; and Scottish Patients at Risk of Admission and Re-admission (SPARRA) data is being used as a predictor tool on a partnership basis to reduce emergency hospital admissions and readmissions.</p>
<p>5.5</p>	<p>In terms of active and healthy living, a wide range of programmes continues to be utilised and well received in our communities. Over the last year, a number of interventions and activities has been accessed by local people, including 5,135 attendances at 'CHIP' Van community and workplace health improvement interventions; 693 individuals participated in workplace interventions; 4,735 attendances recorded at walking programmes; new health related walks established in Catrine, Drongan and Dunlop; and 12 individuals participated in the walk leader training course</p>
<p>5.6</p>	<p>A Third Sector Interface has been established in East Ayrshire, which has been signed off by the Scottish Government from 1 April 2011, subject to arrangements being made for the Interface to be represented on the CPP Board. The Interface will have representation on the CPP Board from April 2011.</p>
<p>5.7</p>	<p>There is an increasing emphasis on working with community groups and community</p>

	<p>associations to explore opportunities for community ownership of local facilities and the establishment of community trusts. Work with the Development Trusts Association Scotland will be taken forward in this regard in 2011.</p>
6.	<p>Working in Partnership to Deliver Shared Outcomes- Performance in 2010/2011 – Tackling Inequalities</p> <p>National Outcome 7 We have tackled the significant inequalities in Scottish Society</p> <p>Local Outcomes Everyone within our communities, including people with disabilities and ethnic minorities, has opportunities and chances Health inequalities in the most disadvantaged neighbourhoods/groups reduced</p> <p>Refer to Appendix Three for 10/11 Performance against local and national outcomes</p>
6.1	<p>A summary of our partnership progress in 10/11 towards achievement of the National Outcome 7 is detailed below :</p> <p>Community Planning Partners continue to ensure that a range of effective structures and operating arrangements are in place to ensure effective progress against the planned local outcomes and related national outcomes contained within the Single Outcome Agreement. The key drivers for change are summarised below:</p> <p>Tackling Poverty and Disadvantage</p> <p>Community Planning Partners in East Ayrshire have an ongoing commitment to promoting equality and tackling the inequalities experienced in many of our communities. Recognising the adverse effect, which the current economic climate and planned changes to the welfare system will have on the financial position of many individuals and their families in the longer term, we are committed to tackling poverty, maximising income and promoting financial inclusion. East Ayrshire is ahead of many other areas in having an explicit commitment to tackling poverty through promoting Financial Inclusion built into its Community Plan and in having a formal partnership group dedicated to this agenda. Key issues in relation to poverty and disadvantaged continue to be prioritised through our Community Plan Action Plans and Single Outcome Agreement.</p> <p>6.2 Equalities Agenda</p> <p>The Community Plan Guiding Principals, reviewed and amended as part of the Four-yearly Review 2010/11, underpin all our activity and include an explicit commitment by our Partners to promote equality of opportunity, social justice and social inclusion.</p> <p>All new policies, strategies and procedures are subject to Equality and Diversity Impact Assessment. In this regard, the four new Community Action Plans for 2011-2015 were the subject of a positive Equality Impact Assessment by our Partners as part of the</p>

Community Plan Four-yearly Review process.

6.3 **Improving Health and Wellbeing**

- The Community Health Partnership (CHP) has progressed specific work streams identified over the last year on a partnership basis as follows:
 - Financial Inclusion has been subsumed within the CHP structure and focuses on income maximisation through the promotion and support of credit unions, and partnership working with partners and agencies providing debt advice.
 - A Carers' Forum has been established as part of the CHP structure, supporting the implementation of the updated East Ayrshire Carers Action Plan.

Innovative partnership-led health improvement work continues to be targeted at our most vulnerable individuals and communities.

6.4 **Employability**

The Employability Pipeline was introduced in 2010/11 as part of the successful European Social Fund bid. The pipeline integrates services relating to training, up-skilling and employment provided across East Ayrshire.

An integrated pathway exists for unemployed residents to allow them to receive Advice and Guidance, Jobs Access Support and the full use of resources and materials to support individuals into employment or to meet their needs.

New employment initiatives such as the Work Programme support progress towards local outcomes by supporting the most vulnerable people by assisting to break the cycle of benefit dependency and getting them into sustainable employment.

Through various employability and other interventions, high priority is given to raising awareness regarding health issues and the importance of leading a healthy lifestyle.

Individual and group childcare facilities have been made available as has an enhanced Supported Employment Service to assist people with mental or physical disabilities progress to sustained employment.

Progress continues to be made in establishing positive outcomes for our Looked After and Accommodated young people, including work experience placement and training guarantees through initiatives such as 16+ Learning Choices. Closer working relationships have been established with Social Work services, training providers and referral agencies to meet the needs of our care system leavers.

The Ayrshire Fit for Work Pilot provides vocational rehabilitation services to support people with physical or mental illness to stay in or get back into employment. Work is progressing through the pilot using a case management approach targeting Small to Medium Enterprises. Through this initiative 46 employees of local businesses have been supported.

6.5	<p>The Work for You Project currently delivered by Job Centre Plus staff within North West Kilmarnock continues to provide advice and support aimed at assisting individuals to move toward, obtain and sustain employment. Referrals for assistance to the Project come from a range of sources, including East Ayrshire Council Early Years Service and, in 2010/11, 167 referrals were received and 19 individuals assisted to obtain full time employment.</p> <p>Carers</p> <p>In 2010/11, a Carers Sub Group was established to further support carers' involvement in the Community Health Partnership (CHP). The National Carers Strategy published in July 2010 highlighted that carers should be equal partners in the planning, shaping and delivery of person-centred care services and support. The CHP agreed that this would be best achieved by setting up a Carers Sub Group, which could ensure that the best quality services and support are in place locally to address the needs of carers and those they care for. In December 2010, the Carers Sub Group was established and terms of reference agreed. The sub group meets on a monthly basis and an update on its activities is submitted on a quarterly basis to the CHP Forum.</p> <p>The Princess Royal Trust, East Ayrshire Carers Centre provides help, support and information to those caring for relatives, friends or neighbours who otherwise may be unable to manage at home without help. Over 6,500 carers are registered with the Centre, which offers information, support and training opportunities to all carers throughout East Ayrshire.</p> <p>To ensure that carers are provided with appropriate financial advice, all new carers registering with East Ayrshire Carers Centre continue to receive a benefits check. This year, 637 carers have had their benefits entitlement checked, compared to 450 carers in 2009/10.</p>
7	PARTNERSHIP AND INNOVATION – EXAMPLES OF GOOD PRACTICE
7.1	<p>The Community Health Partnership has built on a well established and innovative range of partnership activities over the last year. Some examples of partnership in action are detailed below:</p>
7.2	<p>NEW SPORTING FUTURES</p> <p>This project delivers a wide and diverse range of activities which increases physical activity levels of young people but more specifically, through outreach programmes such as StreetSport Express and StreetSport Cages, the project is engaging young people in sports activity who do not normally attend organised activities.</p> <p>Achievements in 2010/11 include:</p> <ul style="list-style-type: none"> • provision of a range of school and community based sporting and physical activity opportunities to increase physical activity levels of children and young people with attendances of 49,744 children and young people in 2010/11, an increase of almost 4,000 (8.5%) attendances on the 2009/10 figure; • provision of a range of night time and diversionary sports programmes delivered within targeted communities as an alternative to anti-social behaviour and alcohol with attendances of 22,583 young people in 2010/11, which is over 1,000 (5.9%) more

attendances than the previous year;

- the delivery of Kilmarnock Football Club StreetSport Icon initiative in summer 2010, which resulted in almost 1,000 young people competing and 12 of these young people going on to train with Kilmarnock Football Club pre-season camp.
- two schools of rugby introduced in East Ayrshire using Fairer Scotland Fund and Cashback to Communities resources. Cumnock Academy School of Rugby has 14 pupils registered and Grange Academy School of Rugby has 16 pupils registered. Early evaluations of the initiative demonstrate a positive impact on attendance rates of pupils at both schools and general indications of pupils feeling healthier, fitter and more active. As a direct result of the programme, the delivery of after-school rugby at both schools has increased significantly with average attendances of 40 pupils per school each week, and representation in local and national events providing greater recognition of pupils' wider achievement. The Schools of Rugby have also had a major positive impact on the wider club and community development of rugby. Importantly, funding procured for this programme has enabled both Rugby Clubs to employ part time Club Development Officers who deliver coaching programmes alongside Scottish Football Association staff within schools, and facilitated community and school to club links. On a national basis, the Schools of Rugby were the first in Scotland and the Scottish Rugby Union has announced its intention to target a further 20 schools across Scotland with programmes based on the East Ayrshire model;
- delivery of planned and ad hoc brief interventions with young people involved in or at risk of problematic alcohol use. This includes specific planned interventions during Alcohol Awareness Week and ad hoc interventions during ongoing activities when young people are presenting with alcohol issues; and
- delivery of specific weekly programmes to improve health and wellbeing of young people looked after within residential children's houses and to support specific young people leaving care.

7.3 PARENTING SUPPORT AND PARENTING CAPACITY BUILDING PROGRAMME

PARENTING SUPPORT: The Solihull three year training programme is currently being rolled out. Its aim is to improve opportunities 'to build the capacity of individuals, families and communities to secure the best outcomes for children and young people which reflect the universal and targeted approaches', and is founded on the principles of early intervention to ensure that every child gets the best start in life. The outcomes for the programme are:

- increased positive parenting skills across the East Ayrshire area;
- strengthened levels of community contact and support for families; and
- improved joint working between and across agencies.

EARLY INTERVENTION AND PARENTAL CAPACITY BUILDING PROGRAMME: Provides 38 full time equivalent (FTE) wraparound child care places, which are delivered across 52 weeks in Early Years establishments across East Ayrshire. Priority is given to children who are on the Child Protection Register and children deemed to be 'in need' as defined by the Children (Scotland) Act 1995. Places are allocated according to these priorities as per the Council's Pre-School Education Admissions Policy. This ensures that services target the most vulnerable children and families in the 0-15% datazones. Thereafter, parents in employment, training or further/higher education who reside in the

	<p>0-15% or 15-30% most disadvantaged datazones are allocated places. Achievements in 2010/11 include:</p> <p>93 children aged 3-5 years accessed the 38 FTE wraparound care places in Cairns and Onthank Nursery Schools, and Shortlees Nursery and Family Centre in Kilmarnock, and New Cumnock Nursery School;</p> <p>69 children who benefited from this service resided in the 0-15% most deprived datazones and 63 of the beneficiaries were referred to the service through either Social Work or Health services;</p> <p>parents of 30 children assisted by the service to access or maintain employment, training or further education;</p>
<p>7.4</p>	<p>EAST AYRSHIRE COUNCIL FOR VOLUNTARY ORGANISATIONS – CAPACITY BUILDING</p> <p>A new Third Sector Interface was developed as a result of changes by the Scottish Government to the remit and funding arrangements of Volunteer Centres and Councils of Voluntary Organisations across Scotland. The new Interface in East Ayrshire will be represented on the Community Planning Partnership Board in 2011/12, further supporting the Third Sector’s engagement in planning, decision making and delivery in respect of local services across East Ayrshire and its contribution to the achievement of SOA outcomes.</p>
<p>7.7</p>	<p>EAST AYRSHIRE PUBLIC PARTNERSHIP FORUM (PPF)</p> <p>East Ayrshire Public Partnership Forum (PPF) has now entered its fourth year. Since its inception it has slowly but steadily increased its membership enabling local people to receive information about health services and have a real say about how they are developed locally. The PPF can now boast over 160 individual members and over 50 local organisations. The people who have become involved are from all walks of life and from many of the different communities within East Ayrshire.</p> <p>Within the PPF structure we have a core group of members drawn from East Ayrshire Public Partnership Forum who have indicated a willingness to be more involved on a regular basis to help to progress the work of the Public Partnership Forum and ensure that topics raised by members of public are taken forward in an appropriate manor and answered accordingly</p> <p>Two members of the Core Group are elected as Representatives to attend the Community Health Partnership Forum on behalf of the Public Partnership Forum. Their duties include taking relevant topics from the Core Group and the wider membership to be discussed at the Community Health Partnership Forum, to advise The Community Health Partnership Forum about PPF activities and to bring relevant topics from the Community Health Partnership to the core group and the wider membership.</p> <p>The core group are not a representative body; they act as a secretariat ensuring views from the growing wider membership are sought and presented appropriately and ensure that opportunities for community and patient engagement are maximized.</p>

	<p>The PPF Core Group has been activity involved in a wide range of events, innovative activities and consultations over the last year ensuring that the voice of east Ayrshire's residents and patients are heard whilst maximizing opportunities to shape health services locally.</p>
8	CHP AUDIT SCOTLAND REVIEW AND SELF ASSESSMENT
8.1	<p>Since 2008, a number of assessments of the three CHPs have taken place, but the publication of the Audit Scotland (AS) Review of Community Health Partnerships and its associated self-assessment checklist for CHPs in June 2011 offered an opportunity further to consider the progress of the model in place for Ayrshire and Arran.</p>
8.2	<p>The Chief Executives of East, North and South Ayrshire councils and NHS Ayrshire and Arran met to discuss the Audit Scotland (AS) review of Community Health Partnerships. It was agreed that an enhanced self-assessment would be developed incorporating the checklist proposed by Audit Scotland but ensuring that the partnerships have a 'more challenging' assessment than would be provided by the AS checklist alone. In particular, the enhanced self-assessment must both reflect the direction of travel indicated by the report of the Christie Commission - with its emphasis on a shift to preventative spending, integration and increased focus on tackling inequalities - and anticipate any further guidance from the Scottish Government in relation to closer integration of public services.</p>
8.3	<p>The self-assessment is primarily intended to test the robustness of the partnership arrangements as opposed to focusing solely on the CHPs. It would be a missed opportunity if partners did not enhance the approach to using the self-assessment in order more robustly to gather information on the success or otherwise of the CHPs in delivering the outcomes they were set up to achieve.</p>
8.4	<p>The process will ensure richer information on the CHPs' – and wider partnerships' – achievement of outcomes, provide a robust baseline against which to set challenging improvement actions, measure progress against these actions and provide assurance that future monitoring and reporting of that progress will be aligned along appropriate governance structures.</p>
9	PARTNERSHIP PRIORITIES FOR THE NEXT 12-18 MONTHS
9.1	<p>As demonstrated throughout this report East Ayrshire CHP has made considerable progress over the last year particularly in relation to developing new and effective partnership structures, agreeing shared outcomes and priorities and delivering a wide and innovative range of joint services and initiatives which are having a positive impact on the health, wellbeing and care of local people.</p>
9.2	<p>In the coming twelve to eighteen months the CHP must embrace the need to continuously improve partnership services and respond to challenges such as the declining economy and subsequent reduction in public spending, the ageing population and the need to reshape our services and the need to address the gap between the most</p>

and least disadvantaged population groups in East Ayrshire particularly in relation to health inequalities.

9.3

Partnership Priorities for the next 12-18 months will include the following;

- The implementation of the newly developed Improving Health and Wellbeing Action Plan of the Community Plan for 2011/2012
- Further systematic development of the Shared Services Agenda and consider the recommendations from the Christie Commission Report and Scottish Government on integration.
- Implementing the findings and recommendations of the Integrated Resource Framework, and using the methodology within other workstreams
- Utilising the data from SIMD09 along with further intelligence from Public Health, and the newly reformed partnership Research, Information and Performance group, developing a new more integrated and innovative approach to tackling inequalities on a locality basis
- Empowering people and communities to take ownership of their health, wellbeing and care
- Focus on Early Years and Early Intervention
- Adopting a strategic approach to harnessing Telecare/Telehealth technology.
- The implementation of the East Ayrshire's Alcohol and Drug Strategy.
- The development of East Ayrshire Older People's Strategy
- Consult and inform on East Ayrshire's Carers Action Plan
- Develop and deliver East Ayrshire's Reshaping Care for Older People Programme
- Local Implementation of new and emerging local and national strategies
- The implementation of the Children and Young Person's Services Plan

Appendices:

Appendix 1 – National Outcome Five

Appendix 2 – National Outcome Six

Appendix 3 – National Outcome Seven

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EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP SINGLE OUTCOME AGREEMENT 2008-2011

DRAFT ANNUAL PERFORMANCE REPORT 2010/11: OUTCOME SUMMARY

National Outcome 5: Our children have the best start in life and are ready to succeed.

Local Outcomes

Local Outcomes	Progress 2010/11	
	Not reported	
Development of early education and childcare services to support children and families promoted (FSF)		Increase in percentage of early education and childcare services managers with qualifications at degree level
	✓ X	Sustain integrated package of health, early education and care for vulnerable children aged 0-3 years (children's assessed needs are met) <ul style="list-style-type: none"> • Local authority nursery and family centres • Day care places
Healthy lifestyles for children and young people promoted (FSF)	✓	Increase in percentage (by 3.5% annually) of children aged 5 years (Primary 1) with no sign of dental disease
	✓	Increase of dental registration in the 3-5 age group
	✓	Achieve completion rates for child healthy weight intervention programme
	✓	Reduction in percentage of obese children in Primary 1 (New Indicator)

Local Outcomes

	Progress 2010/11	
Healthy lifestyles for children and young people promoted (FSF)	X	Sustained increase (of 2% per year and 4% per year in deprived areas) in the proportion of new-born children exclusively breast fed at 6-8 weeks
	O	Incremental decrease in the number of young people aged 13-15 years drinking alcohol at least once per week

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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Healthy lifestyles for children and young people promoted (FSF)	Percentage of children aged 5 years (P1) with no sign of dental disease Every 2 years / NHS Ayrshire and Arran – Analysis of Detailed National Dental Inspection Programme data	45.8% (2006)	61.3% (2008)	No update available beyond 2008. Survey data for 2009/10 will be issued to NHS Ayrshire and Arran for analysis by March 2011.	64.1% (2009/10)	Increase – 3.5% annual increase in percentage of children aged 5 years with no sign of dental disease by 2010 (NHS Ayrshire and Arran 2005 Local Strategic Implementation Plan)	Increase – 60% of 5 year olds (P1) will have no sign of dental disease by 2010 (NHS Ayrshire and Arran 2005 Local Strategic Implementation Plan)	✓
	Levels of dental registration in the 3-5 age group Quarterly / NHS Ayrshire and Arran (ISD Scotland)	68% (2007)	New indicator for 2009/10	74.6% (December 2009)	72.3% (June 2010)	Increase - annual increase in dental registrations	Increase in dental registrations in the 3-5 age group	✓
	Completion rates for child healthy weight interventions programme Annual / NHS Ayrshire and Arran	0 children (new programme)	New indicator for 2009/10	43 children completed 2009/10 NHS Ayrshire and Arran renegotiated and revised the targets set with the Scottish Government.	102 children completed (2010/11)	Year 1: 34 interventions (2009/10) Year 2: 101 interventions (2010/11)	Rates achieved by 2011	✓
	Estimated percentage of obese children in Primary 1 Annual / NHS Ayrshire and Arran (ISD Scotland)	8.7% (2007/08)	New indicator for 2009/10	7.7% (2008/09)	6.1% (2009/10)	Reduction in percentage of obese children in Primary 1	Reduction in percentage of obese children in Primary 1	✓

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Healthy lifestyles for children and young people promoted (FSF)	Proportion of new born children exclusively breastfed at 6-8 weeks Annual / NHS Ayrshire and Arran (ISD Scotland)	18.6% (2007)	18.1% (2008)	17.5% (2009) ISD provisional figure provided	17.4% (2009) The latest published data for calendar year is 2009. It is anticipated that the update for the 2010/11 financial year will be published by ISD Scotland in October 2011.	Sustained increase of 2% per year (with an increase of 4% per year in deprived areas)	Increase – 34.6% of newborn children exclusively breastfed at 6-8 weeks by 2015	X
	Number of young people aged 13-15 years drinking alcohol at least once per week SALSUS 2006	12%	New indicator for 2009/10	Local data not available beyond the baseline position. Local SALSUS report anticipated in June/July 2011.	Local data not available beyond the baseline position Local SALSUS report anticipated in October 2011.	Incremental decrease in 13-15 year old consuming alcohol	Reduction in percentage of young people consuming alcohol at least once per week	O
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund



EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP SINGLE OUTCOME AGREEMENT 2008-2011

DRAFT ANNUAL PERFORMANCE REPORT 2010/11: OUTCOME SUMMARY

National Outcome 6: We live longer, healthier lives.

Local Outcomes

Health and wellbeing of the local population improved (FSF)	Progress 2010/11	
	Not reported Not reported	<p>Increase in healthy life expectancy:</p> <ul style="list-style-type: none"> • Males • Females <p>Increase in life expectancy at birth: (Proxy Indicator)</p> <ul style="list-style-type: none"> • Total population • Males • Females
	✓	<p>Reduction in Coronary Heart Disease Mortality Rate per 100,000 population, under 75 years</p>
	X	<p>Reduction in the number of episodes of respiratory disease (primary diagnosis on discharge)</p>
	✓	<p>Reduction in percentage of adults smoking</p>

■ denotes Community Planning Partnership Strategic Priority
 (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcomes

	Progress 2010/11	
Health and wellbeing of the local population improved (FSF)	X	Reduction in the proportion of women who smoke in pregnancy
	X	Reduction in the number of alcohol related attributable hospital patients
	✓	Increase in the number of screenings using the appropriate screening tool and alcohol brief interventions
	X	Reduction in the number of drug related hospital patients
	Not reported	Reduction in rates of hospital admissions for primary diagnosis of Chronic Obstructive Pulmonary Disease, Asthma, Diabetes or Coronary Heart Disease
Health and wellbeing of the local population improved	X	Reduction in the suicide rate
	✓	Reduction in the number of re-admissions (for mental health problems) for those who have had a hospital admission of over 7 days
	X	Reduction in annual rate of increase of anti-depressant prescribing

■ denotes Community Planning Partnership Strategic Priority
 (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcomes

		Progress 2010/11
Health and wellbeing of the local population improved	Not reported Not reported	Incremental reduction in the number of injuries in the home: <ul style="list-style-type: none"> for those aged 65+ years for those under 15 years
	✓ ✓	Reduction in the number of emergency hospital admissions as a result of unintentional injury in the home : (Proxy indicator) <ul style="list-style-type: none"> for those aged 65+ years for those under 15 years
	✓	Reduction in the number of emergency in patient bed days for people aged 65 and over
	✓	Increase in the number of patients diagnosed with dementia

■ denotes Community Planning Partnership Strategic Priority
 (FSF) denotes linked outcome to the Fairer Scotland Fund

National Outcome 6: We live longer, healthier lives.

PROGRESS AT MARCH 2011 ON LOCAL OUTCOMES

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved (FSF)	Expected years of life in good health - males/females Annual / ISD Scotland (calculation based on Sullivan method)	65.1 years males 68.8 years Females (1999-2003)	New indicator for 2009/10	ISD Scotland has advised (February 2010) that data for this indicator (self assessed health data) will not be updated until the 2011 Census results are made available (2013). (See Proxy Indicator below.)	Data unavailable until the 2011 Census results are made available in 2013 (See Proxy Indicator below.)	Increase in healthy life expectancy by 2011	Increase in life expectancy by 2011	Not reported Not reported
	Life expectancy at birth Annual / NHS Ayrshire and Arran (General Register Office for Scotland - Life Expectancy for Administrative Area within Scotland)	76.4 years total population 74.5 years males 78.2 years - females (2004-2006)	76.0 years total population 74.0 years males 77.9 years females (2005-2007)	76.6 years total population 74.6 years males 78.5 years females (2006 - 2008)	76.7 years total population 74.6 years males 78.8 years females (2007-2009)	Increase in life expectancy by 2011	Increase in life expectancy by 2011	✓ ✓ ✓
	Proxy Indicator							
	Coronary Heart Disease Mortality rate per 100,000 population, under 75 years Annual / NHS Ayrshire and Arran (ISD Scotland)	92.4 per 100,000 population (2005)	81.6 per 100,000 population (2007)	76.3 per 100,000 population (2008)	79.6 per 100,000 population (2009)	Reduction in mortality rate for coronary heart disease by 2011	Reduction in coronary heart disease by 2011	✓

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved (FSF)	Number of episodes of respiratory disease (primary diagnosis on discharge) Annual / NHS Ayrshire and Arran (ISD Scotland)	2,573 episodes (primary diagnosis on discharge)	Revised indicator for 2009/10	2,660 episodes (primary diagnosis on discharge) (2008/09) ISD provisional figure provided	2,602 episodes (primary diagnosis on discharge) (2009/10) ISD provisional figure provided	Reduction in episodes of respiratory disease by 2011	Reduction in numbers of people with respiratory disease and improved quality of life for those with respiratory disease by 2011	X
	Percentage of adults smoking Every 3 years / East Ayrshire Community Planning Residents' Survey	35% (December 2005)	36% (December 2008)	14% (June 2010) East Ayrshire Community Planning Residents' Panel Survey	32% of adult respondents smoke (March 2011) East Ayrshire SOA Residents' Survey	Reduction in adults smoking to by 2011	Reduction in adults smoking	✓
	Women recorded as a "current smoker" at antenatal booking appointment, expressed as number (one year total) and percentage of all women attending booking appointments Annual / NHS Ayrshire and Arran	27.1% Original baseline was 27.2% and related to a three-year average; Revised baseline for a single year provided by NHS Ayrshire and Arran	New indicator for 2009/10	25.8% (2008/09)	27.7% (2010/11)	Reduction in the proportion of women who smoke in pregnancy by 2011	Reduction in the proportion of pregnant women who smoke by 2011	X

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved (FSF)	Number of alcohol related and attributable hospital patients Biennial / Scottish Public Health Observatory (ScotPHO) - East Ayrshire CHP Health and Wellbeing Profile 2008 (ISD Scotland)	1,106.3 (3 year average directly age-sex standardised rate per 100,000 population per year) (1997-1999 to 2004-2006)	New indicator for 2009/10	Update available from ScotPHO CHP Health and Wellbeing profile in December 2010. Annual update had been anticipated in December 2009. (Proxy Indicator provided for 2009/10 report.)	1,538 (3 year average directly age-sex standardised rate per 100,000 population per year) (1997-1999 to 2007-2009)	Reduction in number of alcohol related and attributable hospital patients	Reduction in number of people misusing alcohol by 2015	X
	Number of screenings using the appropriate screening tool and alcohol brief interventions Annual / NHS Ayrshire and Arran	Zero (new programme)	New indicator for 2009/10	673 (cumulative total to February 2010) This is the most recent data available at local authority level.	4,685 (cumulative total to March 2011)	Increase - 3,530 interventions by March 2011	Increase in screenings and interventions relating to alcohol misuse	✓
	Number of drug related hospital patients Biennial / Scottish Public Health Observatory (ScotPHO) - East Ayrshire CHP Health and Wellbeing Profile 2008 (ISD Scotland)	153.3 (3 year average directly age-sex standardised rate per 100,000 population per year) (2004-2006)	New indicator for 2009/10	Update available from ScotPHO CHP Health and Wellbeing Profile in December 2010. Annual update had been anticipated in December 2009. (Proxy Indicator provided for 2009/10 report)	173.0 (3 year average directly age-sex standardised rate per 100,000 population per year) (2007-2009)	Reduction in number of drug related hospital patients	Reduction in number of people misusing drugs by 2015	X
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fun

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved (FSF)	Rates of hospital admissions of patients with primary diagnosis of Chronic Obstructive Pulmonary Disease, Asthma, Diabetes or Coronary Heart Disease (from 2006/07 to 2010/11) Annual / NHS Ayrshire and Arran (ISD Scotland)	594 admissions	New indicator for 2009/10	Data not available beyond the baseline position. NHS Ayrshire and Arran has requested that this indicator be deleted. Proxy indicator to be considered.	Data not available beyond the baseline position. It was agreed that this indicator would be deleted from the SOA 2011-14.	Reduction to 548 admissions by 2011	Reduction in hospital admissions for those suffering from long term conditions	Not reported

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved	Rates for suicides per 100,000 Biennial / Scottish Public Health Observatory (ScotPHO) - East Ayrshire CHP Health and Wellbeing Profile 2008 (ISD Scotland)	11.2 per 100,000 population (2002-2006)	New indicator for 2009/10	Update available from ScotPHO CHP Health and Wellbeing Profile in December 2010. Annual update had been anticipated in December 2009. (Proxy Indicator provided for 2009/10 report)	13.0 per 100,000 population (2005-2009)	Reduction in suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010	Reduction of 20% in death rate per 100,000 population by 2013	X
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

■ denotes Community Planning Partnership Strategic Priority

Local Outcomes	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved	Number of re-admissions (for mental health problems) for those who have had a hospital admission of over 7 days Quarterly Annual / NHS Ayrshire and Arran (ISD Scotland)	104 re-admissions for mental health problems (2005) Baseline revised by NHS Ayrshire and Arran in August 2010 to 104 re-admissions for mental health problems (ISD revised Jan – Dec 2005)	Baseline reset for East Ayrshire provided by NHS Ayrshire and Arran: 105 re-admissions	76 re-admissions for mental health problems (2008/09)	74 re-admissions for mental health problems (2009/10)	Reduction in mental health re-admissions in target group to 95 by 2011	Reduction in re-admissions in target group by 2011	✓
	Rate increase of anti-depressant prescribing Annual / NHS Ayrshire and Arran (ISD Scotland Prescribing Information System) NHS Ayrshire and Arran has reflected this as Defined Daily Doses per patient	34.45 Defined Daily Doses per patient (December 2006)	39.21 Defined Daily Doses per patient (March 2009)	40.54 Defined Daily Doses per patient (March 2010)	39.02 Defined Daily Doses per patient (March 2011)	Reduction in annual rate of increase to zero by 2011	Fewer people being treated with antidepressant medication and more people being offered alternative therapies	X
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

■ denotes Community Planning Partnership Strategic Priority

Local Outcomes	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved	Number of unintentional injuries in the home for those aged 65+ and those under 15 years undetermined intent Biennial / Scottish Public Health Observatory (ScotPHO) - East Ayrshire CHP Health and Wellbeing Profile 2008 (General Register Office for Scotland)	2,551.4 per 100,000 population: aged 65+ years 1,336.1 per 100,000 population: under 15 years (2004-06)	New indicator for 2009/10	Update available from ScotPHO CHP Health and Wellbeing Profile in December 2010. Annual update had been anticipated in December 2009.	Comparable data not available (See Proxy Indicator below)	Incremental reduction in the number of injuries in the home for those aged 65+ and under 15 years	Improvement in levels of unintentional injuries in the home by 2015	Not reported Not reported
	Number of emergency hospital admissions as a result of unintentional injury in the home for those aged 65+ years and those under 15 years Source: NHS Ayrshire and Arran (ISD Scotland) Proxy indicator	1,524.1 per 100,000 population aged 65+ (2006/07) 364.1 per 100,000 population: under 15 years (2006/07)	N/A	N/A	1,386.6 per 100,000 population aged 65+ (2009/10) NHS&A/ISD provisional figure provided 353.5 per 100,000 population: under 15 years (2009/10) NHS/ISD provisional figure provided	Reduction in the number of emergency hospital admissions as a result of unintentional injury in the home for those aged 65+ years and under 15 years	Reduction in the number of emergency hospital admissions as a result of unintentional injury in the home for those aged 65+ years and under 15 years	✓ ✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

■ denotes Community Planning Partnership Strategic Priority

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Local Outcomes	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
	Number of emergency inpatient bed days for people aged 65 and over Annual / NHS Ayrshire and Arran (ISD Scotland)	3,397.6 per 1,000 population (2006/07) Original baseline 3,572.3 per 1,000 population (2005) - Revised baseline provided by NHS Ayrshire and Arran	New indicator for 2009/10	3,260.17 per 1,000 population (2008/09) ISD provisional figure provided	3,073.1 per 1,000 population (2009/10) ISD provisional figure provided	Reduction in emergency inpatient bed days for people aged 65 and over	Overall reduction in emergency admissions for the target group	✓
	Number of patients diagnosed with dementia Annual / NHS Ayrshire and Arran (ISD Scotland)	740 patients diagnosed (2006/07) Original baseline 660 patients - Revised baseline provided by NHS Ayrshire and Arran	New indicator for 2009/10	766 (2008/09)	800 patients diagnosed with dementia (2009/10) NHS Ayrshire and Arran (ISD Scotland)	Increase - 930 patients diagnosed by March 2011	Overall improvement of diagnosis and management of dementia	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

■ denotes Community Planning Partnership Strategic Priority



EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP SINGLE OUTCOME AGREEMENT 2008-2011

DRAFT ANNUAL PERFORMANCE REPORT 2010/11: OUTCOME SUMMARY

National Outcome 7: We have tackled the significant inequalities in Scottish society.

Local Outcomes

	Progress 2010/11	
Everyone within our communities can access the full range of services which help to combat poverty (FSF)	Not reported	Reduction in the number of people claiming Income Support
	○	Reduction in the percentage of children living in workless households
	✓	Maintain the number of carers receiving benefits checks
Financial Inclusion within disadvantaged communities (FSF)	✓	Increase in the total number of Credit Union members
	○	Increase the proportion of households with savings and investments

■ denotes Community Planning Partnership Strategic Priority
 (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcomes	Progress 2010/11	
Financial Inclusion within disadvantaged communities promoted (FSF)	✓	Increase in total household income with less than £15,500 before tax and deductions
	=	Reduction in percentage of tenants in severe rent arrears
Everyone within our communities, including people with disabilities and ethnic minorities, has opportunities and chances (FSF)	✓	Reduction in the number of data zones in the worst 0-15% deprived (Scottish Index of Multiple Deprivation)
Health inequalities in the most disadvantaged neighbourhoods/groups reduced (FSF)	✓	Reduction in Coronary Heart Disease Mortality Rate per 100,000 population, under 75 years, in disadvantaged areas
	✓	Incremental reduction in percentage of adults aged 16+ smoking in the most deprived areas
	✓	Increase in the number of cardiovascular health checks
	✓	Reduction in teenage pregnancy rates in 15-19 year olds in the most deprived areas

■ denotes Community Planning Partnership Strategic Priority
 (FSF) denotes linked outcome to the Fairer Scotland Fund

National Outcome 7: We have tackled the significant inequalities in Scottish society.

PROGRESS AT MARCH 2011 ON LOCAL OUTCOMES

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Everyone within our communities can access the full range of services which help to combat poverty (FSF)	Number of people claiming Income Support Quarterly / Department for Work and Pensions / Nomis	60 per 1,000 population (August 2006)	57 per 1,000 population (November 2008)	42 per 1,000 population (November 2009)	Comparable data not available due to changes in the benefit system	Reduction in the number of people claiming Income Support by 2011	Reduction in the number of people claiming Income Support by 2011	Not reported
	Percentage of children living in workless households Annual / Scottish Government Work and Worklessness among Households in Scotland	19.1%	New indicator for 2009/10	13.2% (2008)	Update anticipated in December 2011	Reduction in the percentage of children living in workless households by 2011	Reduction in the percentage of children living in workless households by 2011	O
	Number of carers receiving benefits checks Annual / East Ayrshire Carers Centre	390	376	450	637	Maintain the number of benefits checks for carers	Maintain the number of benefits checks for carers	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Financial Inclusion within disadvantaged communities (FSF)	Total number of Credit Union members Annual / East Ayrshire Credit Unions	909 members (October 2006)	1,484, comprising 1,072 Active Adult members and 412 Junior members (63% annual increase in membership)	2,210 comprising 1,640 Active Adult members and 570 Junior members (49% annual increase in membership)	2,413 comprising 1,794 Active Adult members and 619 Junior members (9% annual increase and 165% increase in membership from the baseline)	Increase Credit Union membership by 15% on an annual basis	Increase Credit Union membership	✓
	Proportion of households with savings and investments Every 2 years / Financial Inclusion data / Scottish Household Survey	48% households with savings and investments (2005/06)	Data update not available from the Scottish Household Survey at this time	42% households with savings and investments (2007/08)	Update anticipated in August 2011	Increase in the number of households with savings and investments by 2% by 2011	Increase in the number of households with savings and investments by 2% by 2011	○
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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Financial Inclusion within disadvantaged communities (FSF)	Total household income with less than £15,500 before tax and deductions Every 3 years / East Ayrshire Community Planning Residents' Survey	16% under £7,500	20% under £10,400	16% under £10,400	21% under £10,400	Increase total household income by 2011	Increase total household income by 2011	✓
		22% between £7,500 and £15,499 (December 2005)	6% between £10,400 and £15,599 (December 2008)	11% between £10,400 and £15,599	11% between £10,400 and £15,599			
		38% less than £15,499	26% less than £15,599	27% less than £15,599 (June 2010) East Ayrshire Community Planning Residents' Panel Survey Revision of income bandings in 2008 to match the Scottish Household Survey	32% less than £15,599 (March 2011) East Ayrshire SOA Residents' Survey Revision of income bandings in 2008 to match Scottish Household Survey			
	Percentage of tenants in severe arrears Annual / SPI 1 Housing / Accounts Commission	1.3% Revised baseline provided by East Ayrshire Council for 2008/09 as 1.3% due to different methodology for the calculation	Data not comparable at this time	1.1%	1.3%	Reduction of tenants in severe arrears – aim to maintain top quartile performance level	Reduction in number of tenants in severe arrears	=
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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Everyone within our communities, including people with disabilities and ethnic minorities, has opportunities and chances (FSF)	Number of data zones in the worst 0-15% (SIMD) deprived Update anticipated every 2 years / Scottish Index of Multiple Deprivation (SIMD)	28 data zones (SIMD 2006)	Data update not available until October 2009	27 data zones (SIMD 2009 Version 2, 24 August 2010)	27 data zones (SIMD 2009, Version 2, 24 August 2010) Next update anticipated in November/December 2012	Reduction in the number of data zones in the worst 0-15% by 2011	Reduction in the number of data zones in the worst 0-15% by 2011	✓ As reported at March 2010
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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health inequalities in the most disadvantaged neighbourhoods/groups reduced (FSF)	Coronary Heart Disease Mortality rate per 100,000 population, under 75 years Annual / NHS Ayrshire and Arran (ISD Scotland)	132.8 per 100,000 population (2002-2004) Revised baseline provided by NHS Ayrshire and Arran	118.9 per 100,000 population (2005-2007)	120.6 per 100,000 population (2006-2008)	110.1 per 100,000 population (2007-2009) 2008-10 data anticipated in August 2011	Reduction in mortality rate for coronary heart disease in disadvantaged areas by 2011	Reduction in incidence of coronary heart disease in the most deprived areas by 2011	✓
	Percentage of adults aged 16+ in the most deprived areas smoking Every 3 years / East Ayrshire Community Planning Residents' Survey	43% (December 2005)	43% (December 2008)	Data update not available at this time. Due to confidentiality issues when surveying the Residents' Panel, it has not been possible to identify adults aged 16+ who live in the most deprived areas. East Ayrshire wide figures for 2010 provided at National Outcome 6.	41% (March 2011) East Ayrshire SOA Residents' Survey	Reduction in adults smoking in the most disadvantaged areas by 2011	Reduction in the percentage of adults smoking in the most deprived areas by 2011	✓
	Number of inequalities cardiovascular Health checks during 2009/10 Annual / NHS Ayrshire and Arran	Zero (March 2007)	New indicator for 2009/10	1,846 (cumulative total to March 2010)	2,382 (cumulative total to March 2011)	Increase – Carry out health checks with 20% eligible population (2,060 residents) by 2011	Increase – 100% target population receiving Keepwell health checks	✓
	Teenage pregnancy rates in 15-19 year olds in the most deprived areas Annual / NHS Ayrshire and Arran (ISD Scotland)	64.7 per 1,000 East Ayrshire wide (Range=17.2-99.4 across communities) (2005)	60.5 per 1,000 (2007) East Ayrshire wide	61.6 per 1,000 East Ayrshire wide 100.5 per 1,000 0-15% most deprived datazones (2008) ISD provisional figures provided	53.9 per 1,000 East Ayrshire wide 98.6 per 1,000 0-15% most deprived datazones (2009)	Reduction in levels of teenage pregnancy rates in 15-19 year olds in the most deprived areas	Reduction in teenage pregnancies in 15-19 year olds by 33% in the most deprived areas by 2015 (SE HEAT target, 2006)	✓

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EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP SINGLE OUTCOME AGREEMENT 2008-2011

DRAFT ANNUAL PERFORMANCE REPORT 2010/11: OUTCOME SUMMARY

National Outcome 11: We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Local Outcomes

Local Outcomes	Progress 2010/11	
Participation by people of all ages in community activity increased (FSF)	✓	Increase in the proportion of residents involved in community activity
Carers and young carers supported (FSF)	✓	Increase the number of carers receiving ongoing support
Proportion of people needing care and support who are able to sustain an independent quality of life as part of the community increased, through effective joint working	✓	Reduction in the number of patients waiting more than 6 weeks for discharge to appropriate setting
	✓	Maintain percentage (level at 30%) of people aged 65+ with intensive needs receiving care at home
	✓	Maintain percentage (level at 7%) of people aged 65+ receiving free personal care at home

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National Outcome 11: We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

PROGRESS AT MARCH 2011 ON LOCAL OUTCOMES

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Participation by people of all ages in community activity increased (FSF)	Proportion of residents involved in community activity in the last 12 months Every 3 years / East Ayrshire Community Planning Residents' Survey	13% (December 2005)	11% (December 2008)	37% (June 2010) East Ayrshire Community Planning Residents' Panel Survey	15% (March 2011) East Ayrshire SOA Residents' Survey	Increase proportion of people involved in community activity	Increase proportion of people involved in community activity	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O								

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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Carers and young carers supported (FSF)	Number of carers receiving ongoing support Annual / East Ayrshire / Carers Centre	4,500 carers receiving ongoing support	5,708 carers receiving ongoing support	6,039 carers receiving ongoing support	6,974 carers receiving ongoing support	Increase in the number of carers receiving ongoing support to 6,500 by 2011	6,500 carers receiving ongoing support	✓
Key: Improving progress ✓		Maintaining progress =		Improvement required X		Data unavailable O		

(FSF) denotes linked local outcome to the Fairer Scotland Fund

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Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010	Progress at March 2011 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Proportion of people needing care or support who are able to sustain an independent quality of life as a part of the community increased through effective joint working	Number of patients waiting more than 6 weeks for discharge to appropriate setting Quarterly / NHS Ayrshire and Arran	5 patients waiting more than 6 weeks (March 2007)	0 patients waiting more than 6 weeks	0 patients waiting more than 6 weeks	0 patients waiting more than 6 weeks (January 2011)	Zero patients waiting more than 6 weeks for discharge to appropriate setting	Zero patients waiting more than 6 weeks for discharge to appropriate setting	✓
	Percentage of people aged 65+ with intensive needs receiving care at home Annual / East Ayrshire Council	40.7% receiving care at home	41.03% receiving care at home	33% receiving care at home	30% receiving care at home	Maintain levels at 30% - revised target	Maintain levels at 30% - revised target	✓
	Percentage of people aged 65+ receiving free personal care at home Annual / Scottish Government Statistics	6.2% receiving free personal care at home	6.95% receiving free personal care at home	7.4% receiving free personal care at home	7.1% receiving free personal care at home	Maintain levels at 7%	Maintain levels at 7%	✓
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