

EAST AYRSHIRE

COMMUNITY HEALTH PARTNERSHIP COMMITTEE – 24 AUGUST 2009

SINGLE OUTCOME AGREEMENT ANNUAL PERFORMANCE REPORT 2008/09

Report by the Chief Executive, East Ayrshire Council

1. PURPOSE OF REPORT

- 1.1 To present to the Community Health Partnership (CHP) Committee the annual performance report on health related outcomes to be included in the East Ayrshire Community Planning Partnership Single Outcome Agreement (SOA) Annual Performance Report 2008/09.

2. SINGLE OUTCOME AGREEMENT

- 2.1 The CHP Committee will recall that Community Planning Partners in East Ayrshire prepared a three-year SOA (1 April 2008-31 March 2011) from the outset, which was approved and signed off by all Community Planning Partners and by John Swinney, MSP and Cabinet Secretary for Finance and Sustainable Growth, on behalf of the Scottish Government, on 2 July 2008.
- 2.2 The Committee will also be aware that following endorsement by all Community Planning Partners our updated SOA was submitted for consideration on 7 May 2009 to Derek Feeley, East Ayrshire's Lead Scottish Government Director, who subsequently recommended the document for Ministerial approval and sign off.
- 2.3 Correspondence issued by the Scottish Government on 16 June 2009 confirmed approval of East Ayrshire's updated SOA with the overall Ministerial sign off completed by Stewart Stevenson, MSP and Minister for Transport, Infrastructure and Climate Change, on 23 July 2009 as part of the Scottish Government's planned Ministerial summer tour.

3. EAST AYRSHIRE SOA ANNUAL PERFORMANCE REPORT 2008/09

- 3.1 As colleagues will be aware, an important element of the Single Outcome Agreement approach is the annual reporting process, with the first reports on progress made in 2008/09 due to be submitted to the Scottish Government by September 2009.

Components of the SOA Annual Review

- 3.2 The Concordat Oversight Group (COG) has agreed how reporting in respect of Single Outcome Agreements should be taken forward as follows:
 - "The SOA Annual Report will be a factual statement covering progress against national and local outcomes. The report will be made in September each year, on the basis of data available from the previous financial year. The COG has issued a

template which Councils and CPPs should use in presenting this information and one table should be used for each national outcome.

- The Annual Review is a qualitative assessment designed to provide the Council, the CPP and the Scottish Government with information about the effectiveness of the SOA approach”.

- 3.3 An IT-based performance management system is being introduced across the Council and significant work is planned and being taken forward in 2009 in this regard. It has been agreed that this system will be utilised in the future to facilitate accurate and effective SOA reporting; however, until the system has become fully operational, it was agreed that the following interim arrangements would be implemented to ensure that the 2008/09 SOA Annual Report is prepared within the timescale for submission to the CPP Board and Scottish Government in September 2009.
- 3.4 SOA Outcome Reporting Templates, based on the Scottish Government’s template, were prepared by the Community Planning and Partnership Unit (CPPU) and issued to appropriate Lead Officers for dissemination to identified data/information providers within their respective departments/agencies. Prior to issue, the reporting templates were populated to reflect the information included in the SOA Outcome Templates (as at 26 June 2008). In addition, data updates where available have been requested in respect of the new indicators included in our updated SOA.
- 3.5 The information requested from departments/Partner agencies to complete the reporting templates and meet the requirements of the guidance issued by the COG includes:
- narrative on progress in improving the delivery of the National Outcome, including achievements to date, anticipated challenges for future years, and support/actions required to sustain continuous improvement and the delivery of improved outcomes;
 - progress at 31 March 2009 on local outcomes, including provision of the most up to date key performance information/evidence, where this is available, to measure progress against each local outcome (where performance data is not available, provision of narrative around progress is required and an indication of when and how data is likely to become available); and
 - narrative on progress on local outcomes, including a description of the benefits and changes in outcome terms to the quality of people’s lives.
- 3.6 To ensure effective reporting in respect of the Fairer Scotland Fund (FSF), which requires to be included in the SOA Annual Report, an additional section has been included in the reporting template to allow departments/Partner agencies to reflect progress on FSF linked outcomes and indicators.
- 3.7 Completed templates required to be signed off by relevant Lead Officers and returned to the CPPU by Friday 17 July 2009. Subsequently, the CPPU co-ordinated the annual returns provided by the Council and Partner agencies, and prepared the consolidated SOA Annual Performance Report for consideration by Cabinet, Partner Agency Boards and the CPP Board, prior to submission to the Scottish Government.

- 3.8 Reporting template returns in respect of all health related outcomes have been provided and approved by NHS Ayrshire and Arran's Policy, Performance and Planning Team and co-ordinated by the CHP Facilitator.
- 3.9 Draft reports on progress for health related local outcomes under relevant National Outcomes are attached for the Committee's consideration at Appendix 1 as follows:
- National Outcome 5: Our children have the best start in life and are ready to succeed.
 - National Outcome 6: We live longer, healthier lives.
 - National Outcome 7: We have tackled the significant inequalities in Scottish society.
 - National Outcome 15: Our public services are high quality, continually improving, efficient and responsive to local people's needs.
- 3.10 Subject to approval, the information will be included in the consolidated SOA Annual Performance Report 2008/09. Subsequently, the consolidated annual report will be presented to the CHP Committee for noting.
- 3.11 The following table provides the agreed timescales for annual reporting in respect of the SOA to meet the requirements of the CPP Board and the Scottish Government.

Action	Timescale
Prepare and issue SOA Annual Reporting Template 2008/09 to Departments/Partner Agencies	By end May 2009 (Completed)
Lead Officers from departments/Partner agencies to complete and submit SOA Annual Reporting Template returns	Friday 17 July 2009 (Completed)
CPPU to prepare consolidated SOA Annual Report 2008/09	July–August 2009 (In progress)
Feedback from Research, Information and Performance Group	28 July 2009 (Completed)
Feedback from the CHP Committee on health related outcomes	24 August 2009
Annual Report presented to Cabinet, Partner Agency Boards and the CHP Committee	End August–September 2009
Annual Report presented to CPP Board for final endorsement	September 2009
Annual Report to be submitted to Scottish Government	*Around September 2009

*Please note that a definitive date in September 2009 for submission of the SOA Annual report 2008/09 has as yet not been provided by the Scottish Government. An update from the Scottish Government Lead Director has advised of a provisional submission date of 30 September 2009.

Review of reporting arrangements

- 3.12 To facilitate streamlining of reporting within the Community Planning process in East Ayrshire, work will be progressed towards the integration of reporting in relation to the Community Plan Action Plan Annual Performance Reports and the SOA reporting process from 2009/10 onwards, where possible.
- 3.13 The COG will continue to monitor the need to provide supplementary advice on reporting on the SOA, both to the Scottish Government and as part of local Public Performance Reporting. Additional guidance will be reviewed from an East Ayrshire perspective as and when received.

4. SOA DEVELOPMENT: PRIORITISATION

4.1 At its meeting on 30 April 2009, the CPP Board agreed to progress a piece of work to highlight the key strategic priorities/local outcomes for the Partnership during the implementation of the SOA. The priorities agreed by the CPP Board at its meeting on 30 July 2008 are attached at Appendix 2 and will be identified in the SOA Annual Performance Report in September 2009.

5. RECOMMENDATIONS

5.1 The CHP Committee is requested to:

- i) note that the updated SOA has been finalised and agreed by the Scottish Government;
- ii) note that the first SOA Annual Report on progress made in 2008/09 should be submitted to the Scottish Government in September 2009;
- iii) consider and endorse the reporting templates in respect of health related outcomes for inclusion in the consolidated SOA Annual Performance Report, subject to minor textual amendment;
- iv) agree to receive the consolidated report for noting at a future meeting of the Committee;
- v) note the proposals to work towards the integration of reporting on the Community Plan Action Plan Annual Performance Reports with the SOA reporting process, where possible, from 2009/10 onwards;
- vi) note the key strategic priorities/local outcomes linked to the SOA, which have been agreed by the CPP Board; and
- vii) otherwise, note the content of the report.

**Fiona Lees
Chief Executive
East Ayrshire Council
13 August 2009**

EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP**SINGLE OUTCOME AGREEMENT 2008-2011****STRATEGIC PRIORITIES FROM AN AGENCY / PARTNERSHIP PERSPECTIVE****1. INTRODUCTION**

- 1.1 At its meeting of 30 April 2009, the Community Planning Partnership (CPP) Board agreed to progress a piece of work to highlight the key strategic priorities/local outcomes for the Partnership during the implementation of East Ayrshire's Single Outcome Agreement (SOA); and that this work required to be progressed over the summer months and reported in the SOA Annual Performance Report in September 2009.
- 1.2 A range of key strategic priorities/local outcomes from individual organisational perspectives were identified by Partners and, subsequently, considered and refined at the Joint Officers (JOG)/Lead Officers' Group meeting of 14 July 2009 and endorsed by the CPP Board on 30 July 2009.

2. STRATEGIC PRIORITIES

- 2.1 The strategic priorities/local outcomes detailed below are consistent with the priority themes of the Community Plan and encompass the identified national and local outcomes in the SOA.
- 2.2 In addition, the identified strategic priorities are consistent with the priorities identified in 'Achieving our Potential', the Scottish Government's Framework to tackle poverty and income inequality in Scotland, the Early Years Framework and Equally Well, the report of the Ministerial Task Force on Health Inequality.
- 2.3 The ten high level, strategic priorities agreed by the CPP Board are as follows:
- Improving educational and skills attainment in schools.
 - Increasing the capacity of the local workforce and ensuring our young people are properly prepared for the world of work.
 - Promoting economic regeneration.
 - Regenerating our town centres.
 - Protecting and sustaining our environment.
 - Improving community safety in neighbourhoods and homes and protecting our most vulnerable residents.
 - Reducing crime and anti-social behaviour.
 - Reducing fatalities and casualties as a result of road traffic collisions.
 - Shifting the balance of care for older people and community care groups
 - Improving health and reducing health inequalities.

15 July 2009



EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP

SINGLE OUTCOME AGREEMENT ANNUAL PERFORMANCE REPORT 2008/09

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

Progress in improving the delivery of the National Outcome

Community Planning Partners have in place a range of effective structures and operating arrangements 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:

Early Years Education

- East Ayrshire Integrated Children's Service Plan and the related multi-agency working are key drivers in the delivery of Early Years Education.
- The early education and childcare workforce, who work within the voluntary and independent sector, have been supported to achieve SVQ level 2 and 3 in Childcare Learning and Development and SVQ level 2 and 3 Playwork by the Council's SVQ Assessors (Early Years). The Council has approval to deliver, assess and verify these vocational qualifications through its approved Assessment Centre.
- Children aged 0-3 years who are defined as being in need under the Council Early Education and Childcare Admissions Policy are referred for a place in nursery and family centres or the Early Years Day Care Service. A comprehensive needs assessment is undertaken for each child and an appropriate package of health, early education and care is put into place which supports the child and family.
- The Early Years Framework sets out a significant challenge for all partners linked to transformational change. The Framework has no associated additional resources and it is recognised that there will require to be a radical look at reprioritising existing resources. The challenge of shifting resources to both working with and prioritising work with younger children and intervening earlier is significant, and will require both structural and transformational change across services and agencies.

Health and Wellbeing of our Children

- The provision of healthy lifestyle opportunities for children and young people have become embedded in our work, in particular through Community Planning and our newly restructured Community Health Partnership, which incorporates Children and Young People's Service Planning through a newly established multi-disciplinary Steering Group. Many areas of work demonstrate positive trends over a number of years and partners work collaboratively to implement local and national initiatives and programmes which are making a real difference to the health and wellbeing of our children and young people.
- The Child Health Strategy for Ayrshire and Arran and at a local level the East Ayrshire Integrated Children's Services Plan are key drivers in improving the health and wellbeing of children and young people in East Ayrshire.

- In terms of continuous improvement we have incorporated a range of new and revised indicators within the Single Outcome Agreement to reflect the wider work of our Community Health Partnership.

DRAFT

Progress at March 2009 on Local Outcomes						
Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
Development of early education and childcare services to support children and families promoted (FSF)	Level of qualifications for early education and childcare workforce increased Annual / Early Education and Childcare Workforce Audit	85% of the childcare workforce qualified	92% of the early education and childcare workforce qualified This indicator has been deleted from and replace in the updated SOA	Increase – 95% of the appropriate workforce will have qualifications to meet Scottish Social Services Council requirements by 2011	Increase – 95% of the appropriate workforce will have qualifications to meet Scottish Social Services Council requirements by 2011	✓
	Integrated package of health, early education and care for vulnerable children aged 0-3 years (children's assessed needs are met) 3 times per year / Early Education and Childcare Admissions Census	102 FTE places for children aged 0-3 years (local authority nursery and family centre) 30 places with Day Carers	102 FTE Places - 209 children - aged 0-3 years in 5 local authority nursery and family centres 37 children aged 0-3 years with 28 Day Carers	Sustain 30 places with 30 day carers during 2008-11; and 107 FTE full day care places for 0-3 years in local authority nursery and family centres across East Ayrshire by 2011	Sustain day care places in local authority nursery and family centres across East Ayrshire	✓ X
	The percentage of primary schools where the ratio of pupils to places is 61-100% Annual/SPI (EC1a)/Accounts Commission	54.3%	56.8% This indicator has been deleted from the updated SOA	Target to be set following EAC schools consultation	N/A	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

FSF denotes Fairer Scotland Fund

Summary of progress and achievement in 2008/09:

Key performance highlights and success during 2008/09, which will contribute to improved early years education are summarised below.

Early Years Education

- The increase in qualified staff is having an impact on the quality of services provided for children as evidenced through Care Commission and HMIE/Care Commission inspection reports of 0-5 services, providers of pre-school education and out of school care services.
- 92% of the early education and childcare workforce have appropriate qualifications.
- 246 children aged 0-3 years have a place in a nursery and family centre or with a Day Carer. The target of additional 5 FTE places in nursery and family centres may require to be revised. The increase from 102 places to 107 places is dependent on additional financial resources.
- There are 64 early education and childcare establishments (33 local authority and 31 which are either voluntary or private sector establishments).

A qualifications audit has been undertaken to establish which managers require to gain a level 9 qualifications to meet the revised Scottish Social Services Council's requirements for lead practitioners/managers.

School Occupancy Levels

- East Ayrshire Council continues to closely monitor school occupancy levels. The Council recognises the need for the ongoing rationalisation of surplus spaces through a range of measures, while maintaining the priority of local service provision. This rationale is reflected in the Council's desire to improve occupancy levels and keeping schools at the heart of their communities. The Building Learning Communities Schools PPP project, which was completed in 2008, delivered 2 new secondary, primary and special school campuses, 2 new build primaries and a fully refurbished primary and a reduction in surplus spaces. During 2008, the Council also completed a school rationalisation review Better Schools: Better Learning which resulted in the rationalisation of 3 schools. This will be implemented on a phased programme 2009-12.
- The Education Service continues to promote the use of school buildings outside of traditional school hours. An example of this is the Community Letting service and the creation of all weather sports facilities. In addition, surplus space has also been reduced through the location of core support teams within schools.

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
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/ Detailed National Dental Inspection Programme Survey (2005/06)	45.8% (2006)	61.3% (2008) Target achieved and exceeded	Increase – 3.5% annual increase in percentage of children aged 5 years with no sign of dental disease	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)	✓
	Rate of increase in the proportion of children with their body mass index outwith a healthy range This initiative will commence in April 2008 – baseline to be set in 2009	TBC – Baseline to be set in 2009	This indicator has deleted in and replace within the updated SOA with: 'Completion rates for child healthy weight interventions programme' indicator. Baseline zero for 2008/09 Information on the above target will be available in 2009/10	N/A	N/A	N/A

Key: Improving progress ✓

Maintaining progress =

Improvement required X

Data unavailable O

FSF denotes Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
Healthy lifestyles for children and young people promoted (FSF)	Proportion of newborn children exclusively breastfed at 6-8 weeks Annual / ISD Scotland	18.6% Revised baseline provided for 2006/07 is 21.7%	18.1% (2007/08)	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
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

FSF denotes Fairer Scotland Fund

Summary of progress and achievement in 2008/09:

Key performance highlights and success during 2008/09, which will contribute to the achievement of healthy lifestyles for children and young people are summarised below.

- Improving dental health in our young people, which is widely used as an 'indicative measure' of children's general health, has been an early achievement and we have exceeded the national target for 5 year olds having no sign of dental disease by 2010. A strong track record of local partnership working is likely to have contributed to this. Interventions include the 3 year Community Development Oral Health Project in North West Kilmarnock and the national Childsmile Programme.
- Evaluation of the Oral Health Action Programme in North West Kilmarnock has been completed and activities are being sustained by the Local Management Group.
- An ongoing programme is underway to provide oral health training and support for homeless service staff in the 3 Residential Children's Units.
- A resource for healthy eating targeted at school-aged children has been developed and is due for distribution.
- 'Breastfeed Happily Here' fully implemented in the NHS and Local Authority and approved by Community Planning Partners.
- Breastfeeding has been adopted as standard in the Virtual Baby programmes.
- A dedicated Infant Feeding Co-ordinator has been appointed.
- 43 health assessments to all school age children and young people when they become Looked After and Accommodated have been completed.
- A Child and Adolescent Mental Health Service (CAMHS) pathway for young people who self harm and present to Accident and Emergency or who are referred into the service as an emergency has been developed.
- Another key indicator which evidences our progress in achieving this outcome across our population of children and young people relates to the Health Promoting Status of our educational establishments. In 2008/09, 16 nursery schools (compared to 15 in 2007/08) 47 primary schools (compared to 42 in 2007/08), 9 secondary schools (compared to 8 in 2007/08) and 5 special educational needs establishments (compared to 4 in 2007/08) had Health Promoting

Status. In addition, Crosshouse Hospital in Kilmarnock is the first hospital site to be awarded Health Promoting Status in Scotland. (Source- Information Systems Directorate – NHS Scotland).

Fairer Scotland Fund

A more detailed summary reflecting the investment of the Fairer Scotland Fund (FSF) in tackling poverty and deprivation and the contribution to the achievement of local outcomes, is provided below:

Children Learning Health and Supported Play Initiative (CHLASP): Since September 2007 East Ayrshire Positive Play has continued to deliver consistent, active play activities in nurseries, schools and communities throughout East Ayrshire ensuring that children aged 0 – 15 are offered the opportunity to participate in activities which stimulate social, physical, intellectual, creative and emotional development. Achievements in 2008/09 include:

- 8,926 attendances at the various programmes, including community based parent and toddler sessions, school grounds initiatives, after school activities, seasonal programmes, annual Playday event, transition events, positive play training events, and health fairs;
- 294 community groups accessed the 'Fun 4 Hire' equipment hire service and 376 individuals participated in community based training programmes;
- the provision of a range of active play programmes specifically for children and young people aged 0-15 years and their parent/carers as well as training opportunities for community groups and individuals involved in supporting children's play. These provide opportunities for participation in active play and peer training within the nursery and school setting and in the community, with the aim of encouraging inclusiveness and ensuring equality of access for all children and young people living in East Ayrshire;
- promoting and supporting access to play and cultural activities through the development of East Ayrshire's first Community Play Forum and its continued partnership approach to service delivery. Membership of the community play forum stands at 15 groups after only one year of operation and is open to all community, statutory and voluntary groups and individuals within East Ayrshire who have an interest in play. Benefits include free or reduced access to training, advice on setting up a new group, access to unique play resources and accessing funding opportunities;
- the re-introduction of National Playday into East Ayrshire after an absence of ten years, which celebrates the Child's Right to Play as enshrined within the United Nations Convention on the Rights of the Child. EA Positive Play with the support of Lottery funding organised a large scale event which took place at Kay Park, Kilmarnock on 6 August 2008, with over 3,500 children and families participating in this fun filled event.

(Primary link to FSF criteria: A strong emphasis placed on making early interventions for vulnerable individuals, families and disadvantaged communities.)

Recreation Partnership Service continued to deliver consistent, practical and fun health awareness activities in schools and communities throughout East Ayrshire, ensuring that children aged 5 – 12 years are attracted to healthy ways of life. Achievements in 2008/09 include:

- a total of 17,752 attendances recorded at various programmes provided, including school gym and classroom based sessions, kids clubs, summer activities and health fairs;
- the provision of a range of programmes specifically for children and young people aged 5-18 years with additional support needs, with 3,404 attendances recorded at the various activities on offer. These provide opportunities for participation in play, sport and health related activities within the school setting and in the community, with the aim of encouraging inclusiveness and ensuring equality of access for all children and young people living in East Ayrshire;
- the provision of the SHOUT membership card, which is free to all primary school children in East Ayrshire. Benefits include free or reduced access to leisure

and cultural activities; membership of East Ayrshire's library network; free swimming during school holidays; discounts at local retail outlets and events; and an exclusive reward scheme. As at 30 March 2009, 88% of primary school aged children have a SHOUT Card;

- the introduction of a targeted programme of health promotion for children and young people who require more intensive and tailored interventions and support. To this end, East Ayrshire became the first local authority in Scotland to implement the "MEND" Programme (Mind, Exercise, Nutrition...Do it!), a community, family-based intervention for overweight and obese children aged between 7-13 years and their families. The programme places emphasis on practical, fun learning and is designed to deliver sustained improvements in families' diets, fitness levels and overall health and wellbeing. Four MEND programmes have been delivered in the last year with 25 children and their families participating in the programme, which has brought about excellent physiological and social benefits; and
- The establishment of links with Crosshouse Hospital Paediatric Unit to support opportunities for children and young people with life threatening and life limiting conditions to become more physically active. This intervention has supported the unit in gaining Health Promoting School status.

(Primary link to FSF criteria: Provides a clear focus on investment to address the causes of poverty, not its symptoms.)



EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP

SINGLE OUTCOME AGREEMENT ANNUAL PERFORMANCE REPORT 2008/09

National Outcome 6 – We live longer, healthier lives.

Progress in improving the delivery of the National Outcome

Community Planning Partners have in place a range of effective structures and operating arrangements 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:

- A new structure has been established for the Community Health Partnership (CHP) in East Ayrshire, which provides further opportunities to share intelligence across partner agencies, including NHS Ayrshire and Arran, East Ayrshire Council and the private, voluntary and community sectors, to plan together to address local health issues. In particular, the CHP will focus on Improving Health and Wellbeing; Tackling Health Inequalities; and Improving the Balance of Care. In terms of mapping activity to outcomes, the CHP structure ensures robust links to the Community Plan and SOA.
- The new structure has allowed the further integration of the Improving Health and Wellbeing element of the Community Plan with much wider agendas, including Children's and Young People's Services, Early Years, Leisure and Culture, Older People, Rehabilitation and Community Care, Long Term Conditions and Financial Inclusion.
- In response to a growing concern in relation to substance misuse, the Community Planning Partnership, over the two years from 1 April 2008 to 31 March 2010, have pledged to focus increased attention and resources on making a difference to the issues caused by the misuse of alcohol and drugs in East Ayrshire. This will be further enhanced by the establishment of the new Locality Alcohol and Drugs Partnership, which will form part of the CHP.
- During 2008/09, partners and stakeholders have concentrated activity around alcohol given the significant impact that alcohol has on individuals and communities. Resources have subsequently been secured from the Ayrshire Drug and Alcohol Team to resource activity around young people and older people. A pan Ayrshire proposal was also approved that will support the most vulnerable children and young people.
- An extensive range of partnership based mental health interventions has been implemented and the review of mental health services in Ayrshire and Arran progressed during 2008/09. It is anticipated that this work will be further strengthened by the establishment of a local Mental Health and Learning Disabilities Partnership as part of the new CHP structure.

Progress at March 2009 on Local Outcomes.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
Health and wellbeing of the local population improved (FSF)	Life expectancy at birth Annual / General Register Offices for Scotland – deaths and population	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)	Increase in life expectancy by 2011	Increase in life expectancy by 2011	X
	Coronary Heart Disease Mortality rate per 100,000 population, under 75 years Annual / General Register Offices for Scotland – deaths and population	92.4 per 100,000 population (2005) NHS Ayrshire and Arran revised the baseline to 92.4 per 100,000 population to reflect a more accurate position	81.6 per 100, 000 population (2007)	Reduction in mortality rate for coronary heart disease by 2011	Reduction in coronary heart disease by 2011	✓
	Number of hospital admissions for respiratory disease Annual / NHS Ayrshire and Arran	1,061 admissions with primary diagnosis of respiratory disease Baseline figure revised to 2,573 episodes to reflect primary diagnosis on discharge	2,655 episodes (primary diagnosis on discharge)	Reduction in hospital admissions for 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% of adult respondents currently smoke (December 2005)	36% of adult respondents currently smoke (December 2008)	Reduction in adults smoking to 23.7% by 2010	Reduction in adults smoking	X

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

FSF denotes Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
Health and wellbeing of the local population improved (FSF)	Percentage of adults exceeding weekly safe limits for alcohol consumption of 21 units for men and 14 units for women Annual / ISD Scotland	25% men and 15% women exceeding the weekly limit (2006)	Data update unavailable beyond 2006 This indicator has been deleted from the updated SOA	Reduction in the number of women exceeding safe limits to 11% by 2010; maintain or further reduce the number of men exceeding the weekly limit	N/A	O
	Number of problem drug users Annual / Number of new individuals reported to the Scottish Drug Misuse Database (rate per 100,000 population)	386 per 100,000 population (2001- 2004)	309 per 100,000 population (2008)	Reduction in the number of problem drug users by 2011	Reduction in the number of problem drug users by 2011	✓
	Deaths caused by intentional self harm and undetermined intent Annual / General Register Office for Scotland Causes of Death (rate per 100,000 population)	17.3 per 100,000 population (2005)	15.9 per 100,000 population (2007)	Reduction of 20% in the death rate per 100,000 population by 2013	Reduction of 20% in the death rate per 100,000 population by 2013	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

FSF denotes Fairer Scotland Fund

Local Outcomes	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
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	350 re-admissions for mental health problems The above baseline was provided by NHS for the total NHS Ayrshire and Arran area - revised baseline provided for East Ayrshire (105 re- admissions) and included in the updated SOA	105 re-admissions for mental health problems (East Ayrshire)	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 / ISD Scotland Prescribing Information System	174.1 per 1,000 population NHS Ayrshire and Arran Policy, Planning and Performance revised the baseline to reflect a more accurate position as follows: 34.45 rate increase of anti depressant prescribing (December 2006)	39.21 rate increase of anti depressant prescribing (March 2009)	Reduction in annual rate of increase to Zero by 2009/10	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

Summary of progress and achievement in 2008/09:

Key performance highlights and success during 2008/09, which will contribute to improved health related outcomes are summarised below:

The implementation of the Improving Health Action Plan (JHIP) of our Community Plan is having a demonstrable impact on progressing this outcome.

- **Provide a range of information, services and activities to promote active living and support the uptake of physical activity across all population groups.** 107,000 What's On guides were distributed during 2008/09; 250 CHIP Van community visits were delivered with 2,308 attendances recorded; and 3 new walking groups were established in Cumnock, Rankinston and Darvel, with total number of attendances 6,612.
- **Provide tobacco information, prevention and cessation support services for young people and adults and promote the benefits of a tobacco free lifestyle.** Local campaigns and marketing on the effects of smoking and benefits of smoke free living were delivered via the local press, the radio, and the back of buses; 3 local briefing days were held and support for partners was provided for No Smoking Day. Resources were delivered to all partners.
- **Provide information on the benefits of breastfeeding across all population groups and provide support for breastfeeding women and families.** All breastfeeding materials were audited and reviewed and a protocol for good practice, 'Smartstart', was developed; National Breastfeeding Awareness week was supported; and pilot training was delivered in the Nursery and Family Centre setting to support the implementation of Nutritional Guidance for the Early Years – 12 staff attended.
- **Promote awareness of safer alcohol levels and provide information and services across all population groups.** Alcohol awareness training was delivered to 42 Community Pharmacy staff; over 300 members of the public received information on alcohol during alcohol awareness week 2008; there were 187 attendances at StreetSport Cages during alcohol awareness week, with alcohol awareness flyers and messages distributed; and 5 national campaigns were supported to reflect national priorities.
- **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.** 5 Applied Suicide Intervention Skills Training (ASIST) courses were delivered against a target of 4; 6 Skills-based Training On Risk Management (STORM) sessions were delivered against a target of 4; and 3 Scottish Mental Health First Aid (SMHFA) courses were delivered against a target of 10; and a multi media campaign for International Suicide Prevention Awareness Week was developed and delivered.
- **Promote positive mental health and well-being across all population groups and provide information and support to those experiencing mental health problems.** A funding application to extend the CATCH walking programme to target people with mental health problems was submitted but was unsuccessful; every individual with mental health problems, where appropriate, has access to a physical health assessment at least every 15 months; Scottish Mental Health Week was supported; and the Mental Health Review 'Mind Your Health' consultation was completed and recommendations are being implemented.
- **Target physical activity programmes and interventions to children and young people, other target groups who are at risk of obesity and adults most at risk of coronary heart disease, cancer and respiratory disease.** There were 26,265 attendances by children and young people at sport specific coaching activities in the community and at school based events, significantly exceeding the target of 13,000; 8,033 attendances of children aged 5-12 years at school based Active Recreation and Health Awareness sessions, exceeding the target of 8,000; 9,239 attendances of children aged 5-12 years at community based holiday programmes, falling just short of the target of 9,680 for 2008/09; 8,945 attendances of children aged 5-12 years at health awareness programmes within the community, exceeding the target of 8,000; and 10,253 attendances recorded at classes suitable for sedentary individuals and those referred to the Lifestyle Referral Scheme in the community classes, exceeding the target of 9,075.

- **Target smoking cessation programmes at the most deprived communities and key target groups, including pregnant women.** A range of activity is in place to support smoking cessation, including 10 specialist smoking cessation support groups, individual support provided in rural areas via the CHIP Van, a hospital advisor available for support 5 days per week, specialist advisors providing support in homeless hostels twice per month, and 1 advisor and support staff in HMP Kilmarnock weekly; 1,545 clients were supported to stop smoking through the community pharmacy smoking cessation scheme from 1 January 2009; and a needs assessment of people with severe mental health problems who smoke and staff who work with this client group was completed and 12 week smoking cessation programme implemented.
- **Target nutritional interventions to children, young people, other target groups at risk of obesity and adults at risk of coronary heart disease and cancer.** 10 blocks of 'Cookwell' were delivered with an attendance of 184; basic nutritional training was delivered to breakfast club staff, out of school care staff and a voluntary provider, following which services were supported to develop healthy snack policies in line with 'Nutritional Guidance for Early Years'; and a referral pathway for weight management for people with, or at risk of, obesity is in place.

The Improving Health and Wellbeing Action Plan, implemented from 1 April 2009, incorporates wider partnership interventions around Shifting the Balance of Care, Reducing Health Inequalities and Improving Health and Wellbeing. A newly developed substructure as part of our re-focused Community Health Partnership is strengthening our work in terms of health improvement and targeting new partnership approaches in relation to Long Term Conditions, Older People, Rehabilitation and Enablement, Alcohol and Drugs and Financial Inclusion.

Fairer Scotland Fund

A more detailed summary reflecting the investment of the Fairer Scotland Fund (FSF) in tackling poverty, deprivation and health inequalities and the contribution to the achievement of local outcomes, is provided below:

Healthy Living Initiative (Community Health Improvement Partnership - CHIP): Continues to deliver a range of community based interventions which seek to improve the health and wellbeing of the adult population via four key thematic areas. Achievements in 2008/09 include:

- **Healthy Communities and Workplaces:** 4,568 attendances recorded at community and workplace health improvement interventions. Predominantly utilising the medium of the mobile healthy living centre (CHIP Van), to distribute health awareness advice, health checks and signposting information a range of visits and events are delivered within communities and workplaces throughout the year. The CHIP Van remains a popular visitor in communities and recent additions such as the Wii Fit ensure it continues to attract new service users. Community visits remain an important first point of contact with individuals in terms of anticipatory care. The 'HealthWorks Initiative' offers employers the opportunity to provide various degrees of health interventions for their workforce. These include prevention and treatment of stress and high blood pressure as well as more fun-based relaxation input.

- **Lifestyle Referral Scheme:** 910 new referrals to the Lifestyle Referral Scheme. This service accepts referrals from primary and secondary care health professionals and provides a holistic assessment of lifestyle factors affecting the individual. Clients are invited to an initial consultation with the Lifestyle Development Officer where a range of information, advice and support is put in place. This is followed by further appointments at 6 weeks, 12 weeks, 6 months and 12 months.
- **Programmes to treat specified illnesses, Long Term Conditions, and the Frail Elderly Population:** A range of interventions delivered, including exercise classes and educational input to address specific needs such as provision of rehabilitation and confidence building for patients with Chronic Obstructive Pulmonary Disease and Cancer. Similarly prevention and rehabilitation programmes are provided for the frail and elderly population more susceptible to falls. A total of 10,253 attendees benefiting from this range of interventions.
- **Healthy Eating:** A range of healthy eating interventions are delivered within the community, including 'Cookwell' (practical cooking skills programme to promote healthy eating and teach basic skills in the selection and preparation of nutritious meals on a budget), cookery demonstrations, healthy buffets and weight management sessions. It is particularly encouraging to note that uptake of community based interventions including "Cookwell" and "Weight off Wisely" which require regular weekly attendance are increasing demonstrating the public appetite for healthy diet is improving.

(Primary link to FSF criteria: A strong emphasis placed on making early interventions for vulnerable individuals, families and disadvantaged communities.)

Recreation Partnership: provides children aged 5-12 years with a range of opportunities to become more active, more often and increase their knowledge, understanding and awareness of factors which contribute to a life long healthy lifestyles. Achievements in 2008/09 include:

- Health and Activity Motivators deployed in the mainstream school setting to deliver these interventions to the transitional Primary 3 and 4 stages with curriculum time programmes of physical activity and health awareness as well as a number of after school programmes health fairs and special events. Feedback from teachers and head teachers continues to suggest that positive role model visitors to schools are successful in terms of engaging and encouraging children;
- implementation of the Health and Activity Motivators programme in all Special Schools in East Ayrshire, as well as Learning Support Units and Crosshouse Communication Centre. These interventions are specifically adapted to provide specialist input for children and young people with learning and physical disabilities and are delivered flexibly by dedicated staff at times convenient to the educational establishment. To ensure consistency, the core messages of these interventions are developed further through a range of specialist community based programmes which operate weekly during term time and at school holidays. Whilst dedicated community programmes for young people with additional support needs are necessary, tailored support is offered to include young people within mainstream activities as well as the delivery of integrated clubs; and
- the ongoing provision of the popular East Ayrshire Kids Club network and tailored holiday programmes in local communities across East Ayrshire, promoting active living as an attractive way of life.

(Primary links to FSF criteria: Healthy lifestyles for children and young people promoted; and Health inequalities in the most disadvantaged neighbourhoods/groups reduced.)

New Sporting Futures: delivers a wide and diverse range of activities which increase 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. Achievements in 2008/09 include:

- the introduction of a dynamic Dance, Movement and Skipping programme – “Jump 2 the Beat” which is successfully engaging teenaged girls in the world of physical activity;
- provision of a range of sporting and physical activity opportunities, which increases physical activity levels of children and young people. In line with East Ayrshire Council’s 5 priority sports, opportunities to participate in structured coaching sessions are widely available. These programmes are accessible to all and are delivered in a community setting. The programme of sports includes Basketball, Badminton, Rugby, Football and Athletics. Each priority sport has a clear development structures in place to support both recreational participants and competitive athletes; and
- attendances recorded of over 27,500 children and young people (against a target of 15,000) participating in sport and physical activity and adopting healthier lifestyles through sport, which is more than double the numbers participating in 2006/07 (over 13,000 attendances) .

(Primary links to FSF criteria: Healthy lifestyles for children and young people promoted; and A clear focus on investment to address the causes of poverty, not its symptoms.)

Substance Misuse: With an estimated 1,400 children in East Ayrshire affected by parental drug use (Hidden Harm, Scottish Executive, 2004), the Substance Misuse initiative works to provide a comprehensive structured support service to families and children where there is a drug using adult. Fairer Scotland Fund resources provided financial support for a dedicated post, which has been mainstreamed by Educational and Social Services from 2009/10. Achievements in 2008/09 include:

- approximately 55 families with children affected by parental drug use supported;
- ongoing promotion of positive lifestyle choices and alternatives to addiction and signposting to local support structures, as part of an overall plan to improve health and social functioning; and
- a focus on pregnant drug users, in partnership with NHS Ayrshire and Arran, in response to the high risk pregnancy protocol. As a result of this, 22 pregnant drug users received both ante and post natal support.

(Primary links to FSF criteria: A strong emphasis placed on making early interventions for vulnerable individuals, families and disadvantaged communities.)



EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP

SINGLE OUTCOME AGREEMENT ANNUAL PERFORMANCE REPORT 2008/09

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

Progress in improving the delivery of the National Outcome

Community Planning Partners have in place a range of effective structures and operating arrangements to ensure effective progress against the planned local and outcomes and related national outcomes contained within the Single Outcome Agreement. The key drivers for change are summarised below::

Tackling Poverty and Disadvantage

- Community Planning Partners in East Ayrshire are committed to promoting equality and tackling the inequalities experienced in many of our communities. Key issues in relation to poverty and disadvantaged are being prioritised through our SOA and Community Plan Action Plans, in particular through the allocation of Fairer Scotland Fund resources.
- Work is being taken forward to ensure that the content of the 'Achieving our potential: a framework to tackle poverty and income inequality in Scotland', the Early Years Framework and 'Equally Well' influence the development of the SOA and the Community Plan Action Plans.

Equalities Agenda

- In anticipation of the Equalities Bill becoming law, work is currently being undertaken to develop a Single Equalities Scheme to replace the three current separate schemes.
- The Integrated Impact Assessment tool for community planning partnership activity in East Ayrshire, which was developed by a multi-agency working group, provides a mechanism not only for addressing current agendas in relation to equalities, sustainability and rural proofing but for demonstrating that we are doing so. In addition, to highlighting the impacts in respect of disability, race and gender for which there is a statutory duty to promote equality, the tool highlights impacts on a range of population groups and can be adapted to include additional groups such as employees, parents or carers.

Carers

- Work was undertaken during 2008/09 with carers and range of partner organisations on the development of a new Carers Action Plan for East Ayrshire. It is anticipated that this will inform the future development of the Single Outcome Agreement.

Challenges for the immediate to medium term future will mainly focus on the economic downturn and the availability of funding to continue with planned regeneration developments across East Ayrshire.

Progress on Local Outcomes						
Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
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)	Reduction in the number of people claiming Income Support by 2011	Reduction in the number of people claiming Income Support by 2011	✓
	Proportion of children living in households dependent on out of work benefits or Child Tax Credits – 'more than the family element' Quarterly/Department for Work and Pensions/NOMIS	5,400 children dependent on out of work benefits 8,700 children dependent on Child Tax Credits (April 2007)	5,950 children dependent on out of work benefits 8,600 children dependent on Child Tax Credits (April 2009) Data provided by HM Revenue and Customs	Reduction in the proportion of children dependent on out of work benefits and Child Tax Credits by 2011	Reduction in the proportion of children dependent on out of work benefits and Child Tax Credits by 2011	X ✓
	Number of carers receiving benefits check Annual/East Ayrshire Carers Centres	390 carers receiving benefits checks	376 receiving benefits checks	Maintain the number of benefits checks for carers	Maintain the number of benefits checks for carers	X Slight decrease
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

(FSF) denotes linked outcomes to the Fairer Scotland Fund.

Summary of progress and achievement in 2008/09:

Key performance highlights and success during 2008/09, which will contribute to tackling poverty and disadvantage are summarised below.

Employability

- Integrated services relating to training, up-skilling and employment are available across East Ayrshire, allowing people to learn, train or seek advice and guidance on a range of topics in their local area.
- Drop-in facilities are available in most local communities providing a range of resources, including IT/ICT facilities, Advice and Guidance, Jobs Access and the full use of resources and materials, to support individuals into employment or to meet their needs.
- Getting people back into work will ensure progress towards the 2010/2011 targets; however, in the current economic downturn this will be a greater challenge and is likely to take longer than initially projected.
- New employment initiatives such as the Flexible New Deal for young people and the Future Jobs Fund will support progress towards the Local Outcome when they come on stream.

Carers

Carers are particularly vulnerable to experiencing disadvantage and financial hardship as a result of caring and this in turn can impact negatively upon their health and employment opportunities and increase social isolation. East Ayrshire Carers Centre plays an important role in providing a range of supports to carers.

- Every new carer receives a benefit check when registering with the Carers Centre to ensure income maximisation. Formal benefits checks have been undertaken for 376 carers against a target of 250, with over £400,000 generated for carers following initial benefit checks.
- Dedicated money advice staff identify carers most in need and work on a one to one basis with carers facing financial hardship to maximise personal finances and encourage budget control and debt management. Money management and budget control classes have been delivered to 482 carers and 76 carers received intense debt counselling and support, all 76 of whom reported a reduction in debt.
- Funding for the debt counselling service funding concluded in June 2009 and options for further funding are being explored. The level of benefit checks currently being provided will be maintained within existing capacity.
- Ten carers are fully qualified in complementary therapy and 7 carers are self employed as complementary therapists as a direct result of opportunities to access training through the Carers Centre.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
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% increase in membership)	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 for analysis at local authority level is scheduled for the end of August 2009	Increase the number of households with savings and investments by 2% by 2011	Increase the number of households with savings and investments by 2% by 2011	O
	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 22% between £7,500 and £15,499 (December 2005) 38% less than £15,499	20% under £10,400 6% between £10,400 and £15,599 (December 2008) Revision of salary bandings in 2008 to match the Scottish Household Survey 26% less than £15,599	Increase total household income by 2011	Increase total household income by 2011	✓
	Percentage of tenants in severe rent arrears Annual / SPI 1 Housing / Accounts Commission	0.7%	0.5%	Reduction of tenants in severe arrears to 0.5% by 2008/09—aim to maintain top quartile performance level	Reduction in number of tenants in severe arrears	✓

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

(FSF) denotes linked outcomes to the Fairer Scotland Fund.

Summary of progress an achievement in 2008/09:

Key performance highlights and success during 2008/09, which will contribute to financial inclusion are summarised below.

Credit Unions

- The current economic crisis has the potential to increase inequalities. Credit Unions are an important vehicle for tackling financial exclusion through their capacity to work within local communities and provide a range of financial products and services to any individual but particularly those who may not be able to access such services from a bank. Both East Ayrshire and Cumnock and Doon Valley credit unions have significantly increased their memberships as a result of proactive marketing of their services. It is anticipated that this trend will continue through the move of East Ayrshire Credit Union to new town centre premises in Kilmarnock and further enhancement of accessibility to the services of Cumnock and Doon Valley Credit Union through partnership working arrangements with local council offices.
- Credit union membership has increased by 63% since the baseline position and the two community based credit unions within East Ayrshire have undertaken a range of activity to promote this local outcome. Both credit unions regularly participate in a variety of community based events and undertake promotional activities to raise and increase public awareness of the services which they offer.
- To encourage junior savers, Cumnock and Doon Valley Credit Union has established collection points in five primary schools and one secondary school. In addition, East Ayrshire Credit Union has recently established a school based credit union within Silverwood Primary School and there are plans to expand the Silverwood Savers model to additional schools and to establish a presence within Kilmarnock College.
- Cumnock and Doon Valley Credit Union has successfully piloted a collection point scheme within Muirkirk Local Office and is exploring opportunities to roll out to additional local Council Offices. East Ayrshire Credit Union has joined the 'Paypoint' scheme as a collection option and has been supported to relocate to new office premises with high street shop frontage.

Income Maximisation

- Provision of advice and information on welfare benefits, income maximisation and money advice via 20 promotional events was facilitated through partnership working, against a target of 12. Intensive money advice was provided to 63 people to help manage their finances and 578 people in hospital aged over 60 benefited from benefits advice. Substantial additional benefits of over £7.2m were accessed by CAB, Social Work staff and hospital-based Social Work staff working in partnership with DWP Pension Service.
- Access to and take up of, money advice and debt management services have increased, with 91 people benefiting from money and debt management advice against a target of 50.
- Contacts made by the Council and DWP Joint Team resulted in 909 effective visits being undertaken, with 828 successful benefit claims subsequently being progressed and 292 people being referred on for additional services. Over £1.8 million has been generated for older people through the work of the Joint Team.

Fuel Poverty

- A total of 573 individuals were provided with advice or assistance further to contacting the Energy Advice Line. Each month, 3 or 4 Energy Advice Surgeries have provided public information on energy issues to 751 people. One talk/event has been undertaken each month to raise public awareness on energy issues, with follow-up individual advice or home visits as required. Over the 14 events, 503 individuals have been provided with advice.

Rent Arrears

- The management of severe rent arrears in East Ayrshire, already the best performance in Scotland, has improved slightly between 2007/08 and 2008/09. However, the downturn in the economy in the course of the reporting period has presented additional challenges in the effective management of rent arrears.
- With regard to the longer term trend, it should be noted that in 2000/01, the percentage of tenants in severe rent arrears was 9.4% (1,577 tenants). The current figure of 0.5% (60 tenants) therefore represents an impressive decline of 95% to 0.5%. In the same timescale, the actual amount of rent arrears owed in 2000/01 was £1,918,958, falling to £423,977 by 2008/09.
- In October 2008, East Ayrshire Council was invited to participate in a peer review of Renfrewshire Council's rent arrears system. East Ayrshire Council's involvement was in no small part due to our sustained levels of 'best in class' performance and proven track record at minimising rent arrears over the past decade.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
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 in 2009/Scottish Index of Multiple Deprivation (SIMD) 2006	28 data zones (SIMD 2006)	Data update anticipated in October 2009.	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	O
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

(FSF) denotes linked outcomes to the Fairer Scotland Fund

Summary of progress and achievement in 2008/09:

Key performance highlights and success during 2008/09, which will contribute to financial inclusion are summarised below.

- The East Ayrshire Equalities Forum has been established whose members also participate in the Local Community Planning Forums, which ensures that the equalities agenda is integrated within the Community Planning process.
- In May 2009 along with Community Planning Partners the Council supported the development and launch by 'DisabledGo' of an access guide for disabled people.
- Enhanced services through Supported Employment within the Council have increased the number of people with disabilities who can now compete for employment due to the one to one support from Job Coaches, enabling them to sustain employment.
- Recruitment of young people into Get Ready for Work and Life Skills programmes is consistent across all areas, including from the 0-15% worst areas of deprivation.
- Equalities training across services is being progressed and will ensure compliance with legislation and with progress towards the Local Outcome.
- A range of regeneration projects and employability services continue to facilitate the regeneration of the local area and, in particular, our most disadvantaged communities. However, the national and local economic conditions and longer term forecasts for unemployment present significant challenges.

- Local projects designed to improve and regenerate communities have upgraded areas and increased residents feelings of wellbeing establishing and health and pleasant surroundings and environments, helping people to negate any feelings of social exclusion because of where they live and the condition of their communities.

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Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Data Provider
Health inequalities in the most disadvantaged neighbourhoods/groups reduced (FSF)	Coronary Heart Disease Mortality rate per 100,000 population, under 75 years Annual / ISD Scotland	108.2 per 100,000 population (2003-05)	118.9 standardised rate per 100,000 population (2005-2007)	Incremental reduction in mortality rate for coronary heart disease in deprived areas by 2011	Reduction in incidence of coronary heart disease in the most deprived areas by 2011	X
	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)	Incremental reduction in adults smoking in the most deprived areas by 2011	Reduction in the percentage of adults smoking in the most deprived areas by 2011	=
	Percentage of pregnant women smoking in the most deprived areas (Ayrshire and Arran Tobacco Strategy)	29% (2006)	Data update unavailable at this time This indicator has been deleted from the updated SOA	Reduction in pregnant women smoking in the most deprived areas by 2011	N/A	O
	Rate of women exclusively breastfeeding at 6-8 weeks in areas displaying the lowest rates Annual / ISD Scotland	18.6 (2007)	18.1%	Increase to 33.3% the proportion of newborn children exclusively breastfed at 6-8 weeks in 2010/11 (2008/09 HEAT targets)	Increase to 33.3% the proportion of newborn children exclusively breastfed at 6-8 weeks in 2010/11 (2008/09 HEAT targets)	X
	Teenage pregnancy rates in 15-19 year olds in the most deprived areas Annual / ISD Scotland	64.7 per 1,000 (Range=17.2-99.4 across communities) (2005)	60.5 per 1,000 (2007) Additional analysis required to demonstrate range across communities	Incremental 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)	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

(FSF) denotes linked outcomes to the Fairer Scotland Fund.

Summary of progress and achievement in 2008/09:

Key performance highlights and success during 2008/09, which will contribute to tackling health inequalities are summarised below.

Employability

- Through various employability and other interventions high priority is given to 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 has been made in establishing positive outcome routes for our Looked After and Accommodated young people, including provision of work experience placements, training guarantees and employment within Council services. Closer working relationships have been established with Social Services, training providers and referral agencies to meet the needs of our care system leavers.

Health Inequalities

Significant work has been taken forward in 2008/09 through a partnership approach to address health inequalities in our disadvantaged communities, which can be demonstrated by the progress and achievement in relation to a range of key actions within the Improving Health Action Plan of the Community Plan. The progress made within this area is highlighted below:-

- **Target smoking cessation programmes at the most deprived communities and key target groups, including pregnant women.** A range of activity is in place to support smoking cessation, including 10 specialist smoking cessation support groups, individual support provided in rural areas via the CHIP Van, a hospital advisor available for support 5 days per week, specialist advisors providing support in homeless hostels twice per month, and 1 advisor and support staff in HMP Kilmarnock weekly; 1,545 clients were supported to stop smoking through the community pharmacy smoking cessation scheme from 1 January 2009; and a needs assessment of people with severe mental health problems who smoke and staff who work with this client group was completed and 12 week smoking cessation programme implemented.
- **Target breastfeeding support to the most deprived areas displaying the lowest rates.** The Breastfeeding Friendly nursery approach was piloted in 1 family centre; and peer support was provided, targeting communities with the lowest breastfeeding rates.
- **Target programmes to prevent unintended teenage pregnancies in areas with the highest levels.** TOTS (Truth on Teenage Pregnancy) programme was rolled out to all non-denominational schools and Park School.
- **Target alcohol interventions to those communities and target groups most at risk including young people within the most deprived communities, homeless people and pregnant women.** Revised alcohol guidelines for pregnant women were issued based on the Chief Medical Officer's advice.
- **Target drugs prevention and intervention programmes at critical stages for key groups such as on liberation from prison, during pregnancy and at teenage transitions.** A needs assessment to determine the number of children and young people involved in problematic substance use was completed in January 2009. In addition, £250,000 has been allocated to the Community Planning Partnership per annum to address a range of issues linked to the 'Community Planning Pledge' on alcohol and drugs, including the employment of a new Schools Alcohol Co-ordinator.
- **Target prevention and intervention programmes to communities and priority target groups such as young men, and the prison population, who are most at risk of suicide and deliberate self-harm.** The Healthcare Centre in HMP Kilmarnock was redesigned to include high observation areas for vulnerable prisoners; and staff training on deliberate self-harm was delivered to all staff in 1 residential unit (pilot) and a young people's homeless hostel.
- **Target mental health improvement interventions and programmes to those communities and target groups at greatest risk such as homeless people and people in prison.** Pathways of care for homeless clients with mental health problems established and being implemented; the recommendations

of the Ayrshire and Arran Mental Health Review are being implemented; and re-designed services for mental health are being implemented based on the review.

- **Target interventions that address the health needs of those with sensory impairment, looked after and accommodated young people, prison population learning disabilities, physical disabilities, homelessness, carers and minority ethnic groups.** Three Health and Wellbeing events were held within HMP Kilmarnock – 383 inmates participated; hygiene packs were provided for all clients experiencing homelessness and play packs were provided for all children; and weekly health awareness sessions were delivered within St Andrew's hostel, bi-monthly events in Peden Court hostel and monthly sessions in Blue Triangle - over 300 clients participated against an annual target of 150. There were 1,223 attendances at school based sessions within Special Schools and learning support units and 1,842 attendances at community based sessions delivered specifically for children and young people with additional support needs. Funding for the Bridge to Vision service was secured until August 2011 with staff input from 2 part-time project assessment workers. Local statistics are being collated for young people newly into care but no best practice model has been identified as yet. The Language Line was extended to GP surgeries to meet the needs of minority ethnic groups and links were established with Ayrshire Minority Ethnic Community Action Group (AMECA) to address health needs; and disability is integrated into all aspects of policy, planning, service developments via Equality and Diversity Impact Assessments.

In addition:

- The national anticipatory care programme 'Keepwell', targets the 45 – 64 age group within the 0–15% most deprived data zones and this programme is being progressed locally; and
- NHS Ayrshire and Arran is developing its public health dataset, which will provide data at the lower level geographies, including 0-15% most disadvantaged data zones.

Fairer Scotland Fund

A more detailed summary reflecting the investment of the Fairer Scotland Fund (FSF) in tackling poverty and deprivation and the contribution to the achievement of local outcomes, is provided below:

Breakfast Clubs: Provides children and young people with access to a healthy breakfast to support the best possible start to their day in readiness for learning. Breakfast clubs operate in 32 primary and 2 secondary schools in East Ayrshire. The service is provided free or at minimum cost. The core breakfast club provision operates from October to March. Fairer Scotland Fund resources allow 21 clubs in the 0-15% most disadvantaged data zones to provide the service throughout the school year by funding the periods between April and June, and August and October. Achievements in 2008/09 include:

- 41 Breakfast Services operated, including 3 secondary schools and 9 out of school care delivered services;
- 19 services operating for the whole school year in the 0-30% most deprived data zones;
- a total of 81,812 breakfasts served, of which 66,823 were in whole school year services and 14,980 were in part year services; and
- an average weekly uptake of places is 2,507.

(Primary link to Fairer Scotland criteria: A strong emphasis placed on making early interventions for vulnerable individuals, families and disadvantaged communities)

Early Intervention and Parental Capacity Building Programme: Provides 38 full-time equivalent (FTE) wraparound child care places, which are delivered in four 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. In addition, the multi-agency Parenting Support Strategy Group (sub group of the Children's Services Plan Steering Group) aims to develop parenting support initiatives to support children and young people in vulnerable families. Achievements in 2008/09 include:

- 85 children aged 3-5 years have accessed the 38 FTE wraparound care places across 52 weeks in Cairns and Onthank Nursery Schools and Shortlees Nursery and Family Centre in Kilmarnock, and during school term time in New Cumnock Nursery School in New Cumnock;
- The multi-agency Parenting Support Strategy Group was established to progress the development of a strategy for East Ayrshire based on the initial work of a Parenting Framework Document. Key tasks for the group have been to establish the level of need for parenting support services, the mapping of existing parenting support services and the analysis of best practice from a variety of sources nationally. To facilitate this, research was commissioned from the Department of Childhood and Primary Studies, Strathclyde University which was completed in June 2008 and identified key recommendations which have been set out in an action plan as part of the Children and Young People's Services Plan 2008-2011;
- 24 staff across Early Years, Educational Psychological Services, Social Work Services and Health have been trained in the Solihull Approach. The initiative has been evaluated and agreement reached from the Community Health Partnership, Officer Locality Group (children and young people) to roll out the training across agencies; and
- the Ayrshire wide Parenting Handbook has been reviewed with a reprint planned in 2009/10.

(Primary link to Fairer Scotland criteria: A strong emphasis on making early interventions for vulnerable individuals, families and disadvantaged communities.)

Recreation Partnership Service has been responsible for the on-going development, promotion and distribution of the East Ayrshire SHOUT Card, which is available for children of primary school age residing in the local authority area. This unique smart membership card is provided free of charge and acts as a Library card for the holder. As well as providing a range of incentive rewards in return for participating in healthy physical activity, the card offers free and vastly reduced access to a wide range of play, health, sport and cultural activities. Achievement in 2008/09 include

- 88% of East Ayrshire Primary School children had SHOUT Card membership;
- over 9,000 free swims were utilised via SHOUT Card holders, which equates to a saving of over £16,000 to local families and subsequently assists to ensure equitable participation in health-related physical activity. It is clear that the SHOUT Card is successfully removing financial barriers to participating in leisure and cultural activities;
- recognising the need to overcome barriers to participation such as transport issues, the Recreation Partnership Service seeks to provide a range of programmes for children and young people within their own communities and school environments making it easy to participate in healthy activities.

(Primary link to Fairer Scotland criteria: A clear focus on investment to address the causes of poverty, not its symptoms.)

Ethnic Minority Inclusion: Develops effective communications strategies with ethnic minority families to facilitate better access to services, resources and community initiatives. Specifically, its work seeks to:

- support inclusion of ethnic minority and migrant pupils & their families within the education system – school and community learning;
- support parental involvement in their children's education and school activity; and
- work with existing and new ethnic minority groups and families to identify need, support activities and build capacity.

Achievements in 2008/09 include:

- the Bilingual Support Service supported KULOC, the local Chinese community group, to set up a homework class at the KULOC centre; and supported the Polish Parents' Group at Grange Academy, Kilmarnock;

- a Parents' Workshop was held on 6 October 2008 to assist parents to support early literacy and numeracy skills in their children and supported study English as an Additional Language classes are also provided, once a week, for Polish pupils.

(Primary link to Fairer Scotland criteria: A strong emphasis on making early interventions for vulnerable individuals, families and disadvantaged communities.)

Shopmobility provides mobility equipment to assist vulnerable people, including people with a disability and older people, to shop in Kilmarnock. The service is based at Kilmarnock Bus Station. Fairer Scotland Fund resources have been allocated to provide a joint Support Worker post in conjunction with Coalfield Community Transport. Achievements in 2008/09 include:

- 404 registered users and 3,447 bookings were recorded, an increase of 35% compared to 2007/08;
- Saturday opening commenced in January 2009 and, by 31 March 09, recorded an average of 16 users each Saturday; and
- 5,000 new leaflets were produced to promote Shopmobility and advertise the new opening hours of the project (mobility equipment is available between 10.00 and 16.00 over 6 days).

(Primary link to Fairer Scotland criteria: A strong emphasis on making early interventions for vulnerable individuals, families and disadvantaged communities; and Promotion of joint working between local partners.)

In addition, a programme of pedestrian access measures comprising dropped kerbs and tactile paving surfaces, as necessary, has been implemented in conjunction with Fairer Scotland Fund **Road Safety** and **Street Lighting** improvements. The provision of dropped kerb crossings enhances access for all and in particular for vulnerable pedestrians such as older people and people with a disability.

(Primary link to Fairer Scotland criteria: A clear focus on investment to address the causes of poverty, not its symptoms; and Promotion of joint working between local partners.)



EAST AYRSHIRE COMMUNITY PLANNING PARTNERSHIP
SINGLE OUTCOME AGREEMENT ANNUAL PERFORMANCE REPORT 2008/09

National Outcome 15 – Our public services are high quality, continually improving, efficient and responsive to local people’s needs.

Progress in improving the delivery of the National Outcome

Progress and achievement through Community Planning and related activity in 2008/09 has contributed to progressing the delivery of National Outcome 15 and is summarised below:

- NHS Ayrshire and Arran is held to account for its performance against a range of HEAT measures each year through an Annual Review meeting between NHS Ayrshire and Arran and the Scottish Government. Targets are set nationally and NHS Ayrshire and Arran sets local trajectories working towards achieving which are produced as part of the yearly NHS Local Delivery Plan.
- The HEAT indicators included are reflective of progress towards NHS Ayrshire and Arran’s own targets and are not available at local level geographies.

Progress at March 2009 on Local Outcomes

Local Outcome	Indicator/s (noting frequency/type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	‘Progress’ target/s to 2010/11 (where available)	‘End’ target/s and timescale/s or direction of travel	
NHS Outcomes – Efficiency and Governance Improvements	Achieve a sickness absence rate of 4% HEAT Indicator E2.KPM1 / NHS Ayrshire and Arran	5.9% (October 2007)	4.72% (March 2009)	Reduction to 4% by March 2009 and sustained	Reduction to 4% by March 2009 and sustained	✓
	Ensure that all employees covered by Agenda for Change have an agreed KSF Personal Development Plan HEAT Indicator E3.KPM1 / NHS Ayrshire and Arran	9% (April 2008)	97% (March 2009)	100% and sustained by March 2009 NB end year target revised to 97%	100% and sustained by March 2009 NB: end year target revised to 97%	✓

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 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
NHS Outcomes – Efficiency and Governance Improvements	Deliver agreed improved efficiency for first outpatient attendance did not attend; non routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate HEAT target E4.KPM1 Day Case rates / NHS Ayrshire and Arran	Baseline 75% (March 2009)	75% (March 2009)	Increase to 82% by March 2011	Increase to 82% by March 2011	N/A
	Non routine inpatient average length of stay	4.1 days (March 2007)	3.98 days (December 2008)	Reduction to 3.8 days by March 2011	Reduction to 3.8 days by March 2011	✓
	Review to new outpatient attendance ratio	2.46 ratio	2.44 ratio (December 2008)	Reduction to 2.3 ratio by March 2011	Reduction to 2.3 ratio by March 2011	✓
	First outpatient attendance did not attend; non routine	10.9%	10.61% (December 2008)	Reduction to 9.8% by March 2011	Reduction to 9.8% by March 2011	✓
	2% cash efficiency target HEAT target E6.KPM1 / NHS Ayrshire and Arran	£2million cumulative (June 2008)	On target.	£35 million cumulative by March 2011	£35 million cumulative by March 2011	○
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable ○						

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
NHS Outcomes – Efficiency and Governance Improvements	Percentage of new GP outpatient referrals into consultant led secondary care services that are triaged online for clinical priority and appropriate recipient service to 90% from December 2010 HEAT target E7.KPM1 / NHS Ayrshire and Arran	Trajectory to be developed	In development phase	Trajectory to be developed	Trajectory to be developed	O
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

Summary of progress and achievement in 2008/09 includes:

- good progress in working towards achieving the HEAT targets. Some targets remain challenging and will form part of discussions at NHS Ayrshire and Arran's Annual Review later in the year. NHS Ayrshire and Arran has made significant progress in reducing the staff sickness absence rate against the baseline position.
- the target for KSF Personal Development Plans was reviewed and revised to reflect that that 97% of KSF Personal Development Plans must be completed annually; this target was met.
- NHS Ayrshire and Arran is progressing well against the Efficiency Targets E4 for completion by March 2011 and is on target to meet its cash efficiency targets.
- online triage is still in the development phase but progress is being made against this target.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
Recognising patients' need for quicker and easier use of NHS services	The maximum wait from urgent referral to treatment for all cancers is two months HEAT target A2 KPM1 / NHS Ayrshire and Arran	89.1% (June 2007)	96.3% (December 2008)	Increase to 95% by June 2008 and sustained.	Increase to 95% by June 2008 and sustained.	✓
	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks from GP referral to a first outpatient appointment from 31 March 2009 HEAT target A4 KPM1 / NHS Ayrshire and Arran	737 (April 2008)	0 (from February 2009)	Reduction to 0 by 31 March 2009	Reduction to 0 by 31 March 2009	✓
	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks for inpatient or day care treatment from 31 March 2009 HEAT target A5 KPM1 / NHS Ayrshire and Arran	354 (April 2008)	0 (from March 2009)	Reduction to 0 by 31 March 2009	Reduction to 0 by 31 March 2009	✓
	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009 HEAT target A6 KPM1 / NHS Ayrshire and Arran	164 (April 2008)	0 (from March 2009)	Reduction to 0 by 31 March 2009	Reduction to 0 by 31 March 2009	✓

Key: Improving progress ✓

Maintaining progress =

Improvement required X

Data unavailable O

Summary of progress and achievement in 2008/09 includes:

- all targets in relation to recognising patients' need for quicker and easier use of NHS services as detailed above have been met or exceeded.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	
Ensure patients receive high quality services that meet their needs	By 2008/09, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared to 2004/05 and reduce by 10% emergency inpatient bed days for people aged 65 and over by 2008					
	HEAT target T1 KPM1/ NHS Ayrshire and Arran					
	Multiple emergency admissions	47.4 (March 2005)	56.8 (March 2008)	Reduction to 37.9 by March 2011	Reduction to 37.9 by March 2011	X
	Reduction in emergency bed days	3,480.6 (March 2005)	3081.92 (March 2008)	Reduction to 3,123.5 by March 2011	Reduction to 3,123.5 by March 2011	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O						

Summary of progress and achievement in 2008/09 includes:

- although NHS Ayrshire and Arran position against the target on multiple emergency admissions remains challenging (this is reflected across Scotland) good progress is being made in reducing the number of emergency bed days. This target has been exceeded although the rate of multiple emergency admissions has gone up. Data for March 2009 is not yet available.