Foreword

The South Ayrshire Health and Social Care Partnership (SAHSCP) published its 10-year strategic plan in 2021.

Within the plan there are 7 strategic objectives (SO);

- We focus on prevention and tackling inequality (SO1)
- We nurture and are part of communities that look care for each other (SO2)
- We work together to give you the right care in the right place (SO3)
- We help build communities where people are safe (SO4)
- We are an ambitious and effective partnership (SO5)
- We are transparent and listen to you (SO6)
- We make a positive impact beyond the services we deliver (SO7)

Crucial to delivery of the strategic plan are the values of empowerment, compassion, openness and respect, with a clear commitment to co-production and co-design reflected within the South Ayrshire Wellbeing Pledge.

Image 1 Wellbeing Pledge

Locality planning is a key vehicle for ensuring that the voice of local communities' shape wellbeing, service and support across South Ayrshire, in line with population data, national and local policy context and professional advice.

Locality Planning is a requirement of the Joint Bodies Act which underpins integration of health and social care, and an essential mechanism to this is the formation, maturation and delivery of the locality planning partnership (LPP) within the North locality.

Through communication and engagement with stakeholders, evidence base and extensive analysis of population data the Prestwick and Villages LPP has identified 3 main priority area;

- Tackling social isolation and loneliness
- Carers and Young Cares
- Positive mental health and wellbeing

A commitment to promote engagement with local groups, third sector and citizens over the course of the next 1-2 years, will further identify priority areas, which will be key to the themes identified from true community connection and from the voice of the locality.

To demonstrate progress in relation to the 3 priority areas a 1-year bridging locality plan has been agreed. This plan represents a clear evidence base, aligned to population data, national and local drivers, professional advice and lived experience, and articulates the aspirations of the North Locality.

The plan adopts a strength based and compassionate approach, recognising the importance of partnership working, the dedication and professionalism of the workforce, and the resilience and civility across the locality.

Prestwick and Villages Locality Profile

Some of the key points of the Prestwick and villages Locality population data are summarised below;

- A total population of **23,008** people, where **47.6%** were male, and **26.2 %** were aged over 65.
- **19.3%** of people lived in the least deprived SIMD quintile, and **2.5%** lived in the most deprived quintile.
- An average life expectancy of **79.2** years for males and **83.5** years for females, compared to the national average of 76.8 and 81 years of age respectively.
- A death rate for ages 15 to 44 of **119.3** deaths per 100,000 age-sex standardised population. This is higher than Scotland (117 deaths per 100,000)[4].
- **28.3%** of the locality's population with at least one long-term physical health condition. This is higher than Scotland (21.7%).
- A cancer registration rate of **576** registrations per 100,000 age-sex standardised population (compared to 625 in Scotland), and an early death (<75 years) from cancer rate of **130** per 100,000 age-sex standardised population (compared to 153 in Scotland)[4].
- **21.3%** of the population being prescribed medication for anxiety, depression, or psychosis. This is a larger proportion than Scotland (19.3%).
- **13,634** emergency hospital admissions per 100,000 population, compared to 10,432 in Scotland.
- **110,049** unscheduled acute specialty bed days per 100,000 population, compared to 71,484 in Scotland.
- **23,131** A&E attendances per 100,000 population, compared to 25,791 in Scotland.
- **66,711** delayed discharge bed days per 100,000 population aged over 65, compared to 40,774 in Scotland.

- **2,255** emergency hospital admissions from falls per 100,000 population aged over 65, compared to 2,281 in Scotland.
- **103.6** emergency readmissions (28 day) per 1,000 discharges, compared to 106.5 in Scotland.
- **1,955** potentially preventable hospital admissions per 100,000 population, compared to 1,464 in Scotland.
- **621.9** alcohol-related hospital admissions per 100,000 age-sex standardised population. This is lower than Scotland (621 admissions per 100,000)[4].
- **15.3** alcohol-specific deaths per 100,000 age-sex standardised population. This is lower than Scotland (20.8 deaths per 100,000)[4].
- **201.7** drug-related hospital admissions per 100,000 age-sex standardised population. This is higher than Scotland (221 admissions per 100,000)[4].
- **69%** uptake of bowel screening among eligible population, compared to 64.2% in Scotland.

A fuller analysis of the locality profile data is available on request.

Locality Priorities

As part of locality planning, and to identify locality priorities, a communication and engagement plan was implemented. This approach was approved and supported by LPP members. A community engagement approach, seeking views from citizens, groups/clubs and third sector were collated. Three key questions were developed in regard to Team Around the Locality:

- What local community services or support would help you and your family to live well and age well? (this could include services provided by health or care services, community groups, information and advice etc
- What could work better in your community to enable you and your family to live well and age well? (this could include services provided by health or care services, community groups, information and advice etc
- What do you think of the ambition of “Team around the Locality” in Prestwick and the surrounding villages?
- Would you be interested in being part of an ongoing participation group to have your say on “Team Around the Locality” in Prestwick and the surrounding villages

Engagement within the Prestwick and Villages locality requires to be developed further and this will be a focus going forwarded. The information will be formatted using:

- face to face engagement feedback
- Responses from a leaflet cascade with QR codes
- Advert in Prestwick Going Out
- Paper copies of the questions at relevant sites

This approach complimented discussion at the LPP, and consideration of Public Health Scotland profile data, wider strategic priorities, national and locality policy drivers and professional advice.

Following wider discussion at the LPP, it was agreed that the following 2023/early 2024 priorities would be:

- Tackling social isolation and loneliness
- Carers and Young Carers
- Positive Mental Health

With the further focus on community engagement from March 2024 informing other priorities going forward.

Community Planning

On setting key strategic themes, the South Ayrshire Community Planning Partnership's Local Outcome Improvement Plan affirms the interdependency on place and wellbeing. By adopting a truly whole system and whole family approach beyond the services directed delivered by the SAHSCP the locality plan will ensure priorities and actions identified are intrinsically linked to the following priority areas;

- Children's Services Planning Partnership
- Community Safety Partnership
- Financial Inclusion and Growth
- Population Health
- Sustainability.

Essential to this will be the membership and delivery of the LPP, ensuring that there is representation linked to key priority areas.

The Prestwick and Villages LPP consists of a range of stakeholders working collaboratively across the locality; representation from local community services, community councils, HSCP, community planning, third sector and independent sector.

Aligned to the LPP are clear terms of reference to ensure the communities voice is heard, and that all stakeholders are working together to plan for, resource and provide services, support and care in the local area, with a focus on tackling inequalities.

It is envisaged through whole system partnership working, co-production and co-design this locality plan will articulate actions relevant to locality priorities with a clear, authentic and transformational approach aligned to quality planning, improvement and assurance.

Clear governance and reporting arrangements with regards to locality planning, health and care and community planning will enable recognition of progress to date, and a focus on the learning and improvements required.

For 2023-2024 the locality plan will move towards a place-based approach thus ensuring clear synergy and alignment to place and wellbeing

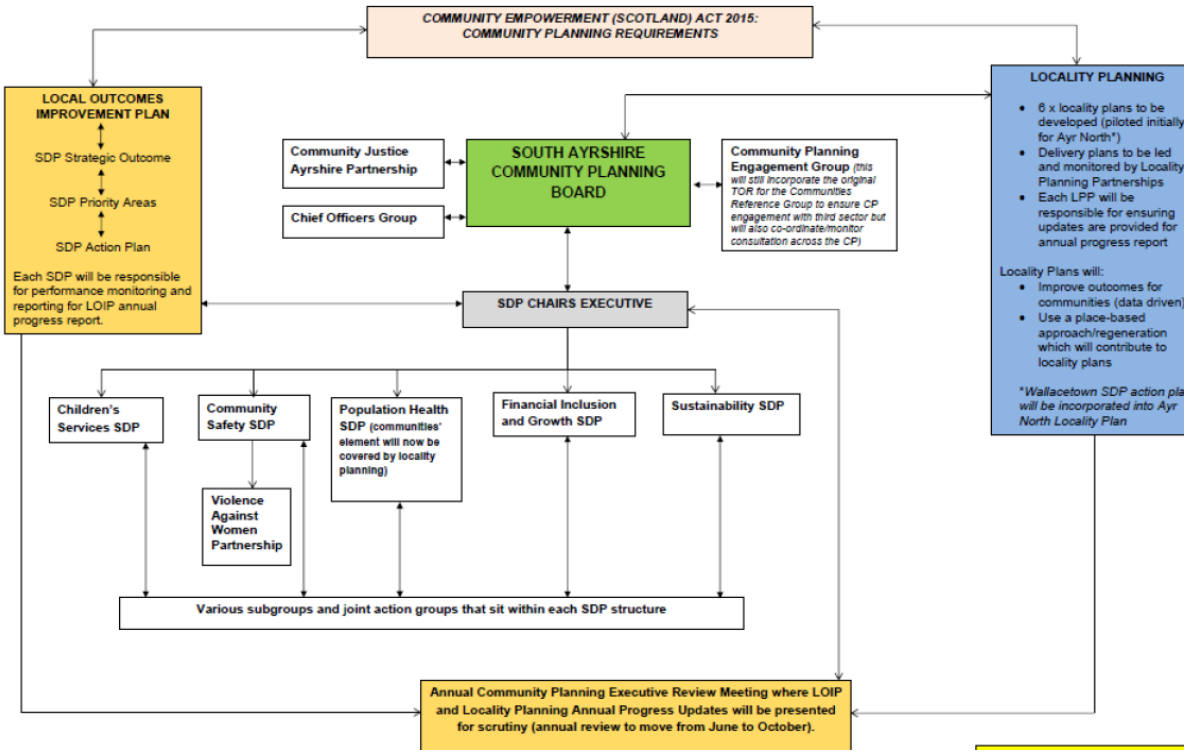

Image 2 – Place and Wellbeing

Participatory Budgeting

Over a number of years, Prestwick and Villages Locality communities have benefitted from successful bids to Participatory Budgeting (PB) – a process where local communities decide how to spend part of the public budget. In the year 2023-24, some resource constraints within the HSCP led to a decision to not progress with previously held PB events to support this process, but instead for the PB subgroup of the LPP to consider the applications to the fund on a small grants basis. This was possible due to the number of applications to Prestwick and Villages LPP, and the overall cost of those bids being able to be met in their totality.

Moving forward, the ambition of the Prestwick and Villages LPP, in a bid to promote community empowerment, will embrace PB events where appropriate, as an opportunity for locality citizens and groups to access funds. The expectation will be that participatory budgeting will be linked clearly to the locality priorities and there will be regular communication and networking events to raise awareness of local groups/initiatives and how these can be accessed.

This approach will foster an asset-based community approach, build on the resilience already evident in the locality and sit nicely with the principles of community led support.

Opportunities

There are a number of opportunities where synergy with implementation and delivery of the locality plan is integral.

The following will align with the bridging plan and future iterations, discussion and planning will be mirrored within the HSCP Driving Change Programme;

Caring for Ayrshire - enabling people to access high quality primary and community care closer to home

Ageing Well Strategy – recognising the older population within the locality, and the value they bring to communities and families, embedding actions that will support older adults to live as independently as possible

Mental Health and Dementia Strategies – refreshing local strategy in line with national strategic direction, and ensuring linkage with locality plans and priorities

Digital Strategy – linking locality planning and care delivery towards a future where technology and data are seamlessly integrated into operations, service delivery, and decision-making processes, and empowering individuals to feel more empowered to ownership and control of their care, wellbeing and independence.

Alcohol and Drug Partnership (ADP) – building on the strong partnership working across the ADP and working together to ensure citizens affected by alcohol and/or drugs receive the support which meets their needs, when they need it.

Focus on Frailty Programme – partnership working to improve the experience of and access to person centred coordinated care for adults living with frailty or at risk of frailty

Care at Home Strategy – linking existing and new models of care to commissioning arrangements, recognising the relevance of locality demographics across Girvan and North Carrick

As part of driving change and locality planning, and to ensure a quality management approach, there will be emphasis on quality improvement and management with respect of planning, improvement, and assurance. To support this approach the workforce, have access to electronic and participatory training to aid learning and utilisation.

Building on the strengths

It is vital to recognise, celebrate and build on the strengths across the locality, whilst maintaining humility around learning and continuous improvements.

Below is a summary of strengths across the locality that will aid progress and realisation of the locality plan;

- A wellbeing pledge with emphasis on co-production and co-design
- A continued focus on delivery of services in line with statutory requirements
- Training and development of staff in line with the principles of community led support
- Provision of community health workers and link practitioners across GP practices

- Community assets placed throughout the locality
- Collaboration with key services supporting the communities of Prestwick and the villages, including Thriving Communities and Primary Care.
- Resilient communities evidenced through appetite to engage in participatory budgeting and community development opportunities.
- Ambition from the HSCP, supported by the Integrated Joint Board, to invest in progressing Team around the Locality and supporting the Scottish Government GIRFE (Getting it Right for Everyone) approach
- Positive third sector interface
- In the past year many health and care services such as Day Care, Care at Home, Reablement and Adult Services have received positive inspections and grades
- Commitment from LPP members, with broad mix of community and service representation

Team around the Locality

A key focus for the locality, and the golden thread throughout delivery of the locality plan, will be the design and implementation of the Team around the Locality model.

The HSCP Locality Management Team will working in partnership with the locality and stakeholders to shape and deliver services to empower individuals and communities to start well, live well and age well.

The objective of the model will be to connect practitioners and people from health, social care, independent sector, the voluntary sector, and the community with a focus on the needs of individuals and their local community.

Within the model is a vision that includes integrated hubs serving as a convenient point of access for individuals seeking support. These hubs will provide information, advice, assessment, treatment and various support services all in one local location.

The model will be based on the following principles;

- **Person centred**; Engage individuals in thoughtful dialogue and joint decision making. Providing the information, advice, and support needed to protect their independence.
- **Building local capacity**; strengthening local community capacity, promoting local responses, including volunteering and developing micro-enterprises.
- **Partnership working**; fostering strong partnerships with the local community as well as with teams, partners and independent organisations.
- **Integrated care**; striving for coordinated, collaborative services that cater to specific needs and promote the wellbeing of local communities.
- **Community engagement**; active engagement with local residents to collectively shape services and support to address the needs of the local community.
- **Quality improvement**; integrating quality improvement approaches into our work, ensuring we provide the best outcomes for our communities.
- **Prevention/early intervention**; ensuring timely access to information, advice, and support, promoting independence and ageing well.

- **Strength/asset-based assessment**: building upon the strengths of individuals, their families, and the communities that support them to live well.

The Team around the Locality model will bring into line clear alignment of support and care for individuals in the locality ranging from community led focus on prevention, early intervention and supported self-management to coordinated and integrated supports for adults with complex care needs.

The model will be aligned to clinical standards, evidence-based practice, professional development and staff governance to ensure that the workforce are prepared, competent and confident. This will mirror recognition within the NHS Staff Governance Framework that the workforce must be well informed, involved in decision making, appropriately trained and developed, treated fairly and with respect, and working within a safe environment.

Fundamental to this approach across the locality and plan will be psychological safety and a culture where all key stakeholders are encouraged to be curious with a focus on learning and continuous improvements.

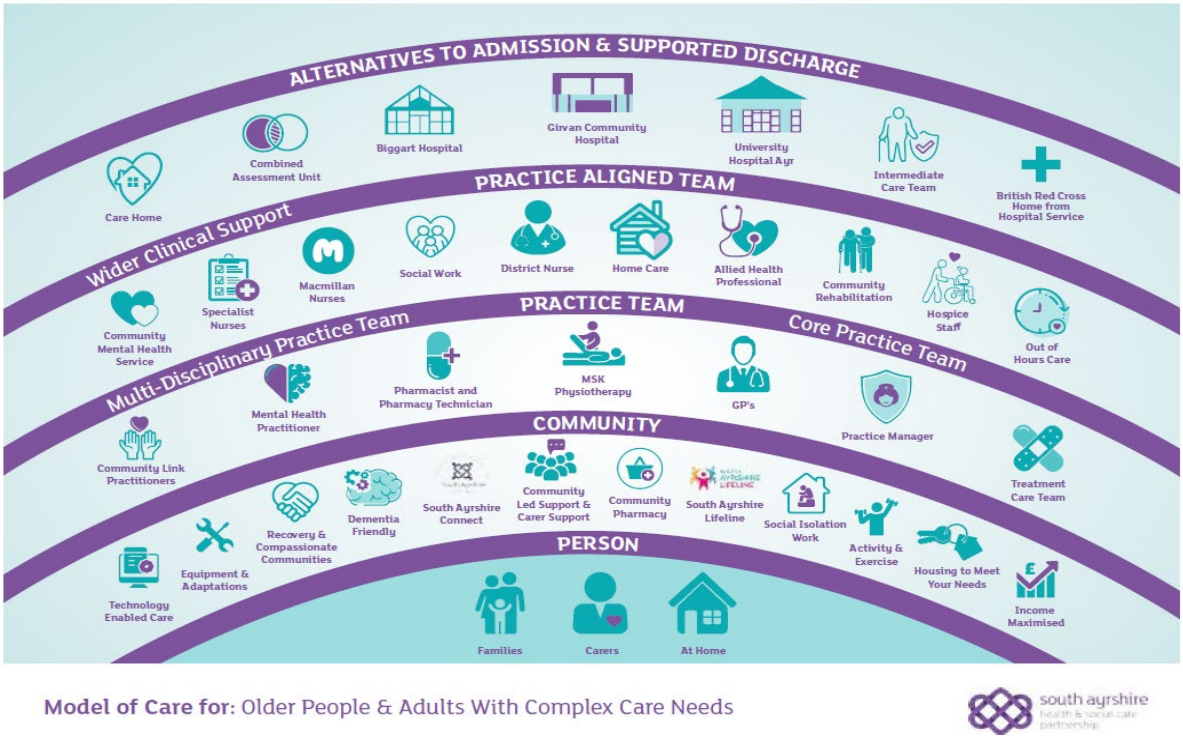

Image 3 – Model of Care for complex care needs

Workforce

Our workforce are our greatest asset.

To inform pending and effective implementation and delivery of the Team around the Locality model and other relative actions within the locality plan, a workforce and locality supports meeting is planned October 2024

The objective of the event is to bring key stakeholders together to inform and be part of future planning across the locality cognisant the importance of workforce

engagement, and creating the culture and conditions for collaboration, learning and improvements.

Key items to be covered in the event are as follows;

- Celebrating success and strengths across South Ayrshire, and the North Locality
- Networking of key stakeholders
- Awareness and discussion with regards to locality population profile data
- Awareness of the Team around the Locality Model
- Identification of short - term wins to enhance partnership working across the locality
- Discussion and planning for future implementation of the Team around the Locality Model

From initial discussion key themes have emerged which in turn have helped to inform present and future plan within the locality;

- Continue networking and linking in with other services
- Directory of contacts for locality
- Better access to information of what is available in locality
- Hubs / mobile services
- Intergenerational work
- Transport links

Ongoing workforce development, as aforementioned, is pivotal to the ongoing delivery of safe and effective care in line with Healthcare Quality Strategy and National Health and Care Standards. This in turn will ensure effective implementation of this plan in line with professional standards and best practice. Key to this will be clear development plans and supervision arrangements for HCSP locality staff, aligned to professional registration requirements.

Workforce planning and development is a key pillar for delivery of the locality plan. To ensure effective implementation of the plan there will be ongoing delivery with regards the key components of the SAHSCP Workforce Plan 2022-2025; plan, attract, train, employ and nurture. Crucial to this will be the vison and values across the locality and asking all stakeholders to be mindful of and model compassion, respect and openness. Fundamental to the plan is a workforce that is informed and engaged, skilled and digitally confident, valued, ambitious and proud, and collaborative.

Image 4 – Values of the workforce

Recognising the rurality within the locality there will be opportunities within the plan to explore and expand on newer models of care to complement existing practice such as micro-enterprises, where support can be given to local people to set up small enterprises that offer care-based support services that are person centred and give more choice and control.

In addition, it is expected that all HSCP staff have an awareness and understand of the Quality Improvement methodology to support quality management approaches to transformational change. This is achieved through e learning, attendance at board level found courses and/or attendance at national level training.

Action Plan

The following action plan identifies key priorities linked to strategic objectives, actions, measures and the wellbeing pledge.

It is envisaged that the plan will be driven by the HSCP in respect of statutory services and the LPP supporting the voice of the community. Reports, on a frequent basis, will be provided to the relevant committees and forums;

Key (Well Being Pledge links)

Support families to ensure their children have the best start in life.	Provide services around you and your family.	Help communities to connect and care for each other.	Ensure people have the information they need to support their health and wellbeing.

Listen to you and support you to take control of your own care.	Support people to age well by keeping them healthy and in their home for as long as possible.	Give you information on how you can keep active and well.	Be open, honest and friendly.

Priority	**Actions (linked to strategic objectives)**	**Measures**	**Pledge**
Promoting good physical and mental health, including ageing well	Establish a front door SW service incorporating a preventative/early intervention approach (SO1)	Reduction in unallocated SW waits	We will invite and support citizens to get involved and access local supports. 
Promoting good physical and mental health, including ageing well	Embed a community led support approach across community health and care (SO2)	Number of staff trained Learning from NDTi/Impact sessions	We will invite and support citizens to get involved and access local supports 
Promoting good physical and mental health, including ageing well	Support to projects successful with Communities Mental Health and Wellbeing Funding (SO1)	Evaluation of successful initiatives	We will support citizens to address and manage their health wellbeing, accessing the right support and the right time 
Develop Getting it Right	Progress Team around the Locality	Creation of physical “hubs”, sign-posting	Will continue to use data sets to

for Everyone (GIRFE	model, engaging with community groups and third sector partners	referrals to community resources, monitoring number of referrals to SW Response Teams	monitor these initiatives 
Promoting good physical and mental health, including ageing well	Develop closer links between community health and care, and mental health services through induction, shadowing, role modelling, enhanced multi-disciplinary working and exploration of hubs (SO5)	Number of emergency admissions related to psychiatry Number of unscheduled bed days	We will seek constant feedback from staff with regards service delivery 
Promoting good physical and mental health, including ageing well	Ensure that every HSCP staff member has a personal development plan in place (S05)	Number of personal development plans I Matters	We will continue to seek feedback from staff with regards to their well-being and career progression 
Promoting good physical and mental health, including ageing well	Focus on improvement work with regards use of technology to support self-management of long term conditions, aligned to Caring for Ayrshire work streams and Digital Strategy (SO5)	Number of emergency admissions. Number of unscheduled bed days Number of potentially avoidable admissions	We will seek constant feedback from citizens with regards to service delivery and improvements. We will support citizens to stay informed and manage their conditions 

Promoting good physical and mental health, including ageing well	Sustainability of chronic disease monitoring as per primary care improvement plans (SO3)	Number of potentially avoidable admissions	We will support citizens to stay informed and manage their conditions 
Tackling social isolation and loneliness	Increase the number of microenterprises delivered within the locality	Number of micro-enterprises	We invite citizens to support vulnerable adult and older adults 
Tackling social isolation and loneliness	6 monthly locality engagement and networking events, inclusive of community planning and community groups, to foster greater awareness and links to supports in the locality (SO2)	Mapping of assets and supports across the locality.	We invite citizens to support vulnerable adult and older adults 
Tackling social isolation and loneliness	Ongoing close working with third sector to identify risks and develop supports (SO2)		We will support citizens to get involved in local activities and supports 
Tackling social isolation and loneliness	Use of participatory budgeting to tackle isolation such as cosy spaces and activities (SO7)		We will encourage citizens to remain active and take part in local activities and

			supports 
Reducing harms from Alcohol, Tobacco and Drugs	Develop closer links between community health and care, and alcohol/drug services through induction, shadowing, role modelling and enhanced multi-disciplinary working (SO5)	Reduction in alcohol and/or drug related admissions Drug related deaths	We will seek constant feedback from staff with regards service delivery 
Reducing harms from Alcohol, Tobacco and Drugs	Explore and implement supports wherein citizens with alcohol and/or drug problems can access timely support, possibility of alignment of front door SW hubs and alcohol/drug access points (S03)	Reduction in alcohol and/or drug related admissions Drug related deaths Medication assisted standards	We will support citizens to stay informed and manage their conditions 
Reducing harms from Alcohol, Tobacco and Drugs	Relevant drug and alcohol training available for community health and care staff (S04)	Drug related deaths Adult protection timescales and performance	We will ask citizens to support us with protecting vulnerable adults and older adults 
Supporting our ageing communities	Use of participatory budgeting to support activity related to ageing well	Evaluation of PB project activity	
	Ongoing multi disciplinary work with Voluntary Sector colleagues to identify risks and		

	develop support for ageing population		
	Create opportunities for care homes to have more community-based links promoting intergenerational opportunities	Number of care homes developing and delivering intergenerational activity	
Overarching all priorities	Active engagement and relationship building across the locality to create the environment where communities are co-producing action in future plans.		ALL

Governance

Governance of the work of the Locality Planning Partnership, and implementation of this Locality Plan, is essential, and will follow the governance principles set out in the NHS Scotland Blueprint for Good Governance. It is vital there is a clear mechanism for evidence, assurance and improvements.

The Locality Plan will align with HSCP, NHS Ayrshire and Arran Health board and South Ayrshire Council governance arrangements.

With regards to the Locality Plan there will regular interface and updates via the Community Planning structures.

HSCP Governance

As set out in the Strategic Plan transparency, listening and integrity are vital to the success of care and support across the locality. This approach is enshrined throughout the wellbeing pledge.

As such, integral to the actions and measures outlined above, will be constant feedback from citizens, the locality and the workforce through mechanisms such as Care Opinion and I-Matters.

In addition, the progress of the plan and actions within, will align to partnership governance arrangements and areas such as complaints handling, adverse events, inspection visits, reports and themes.

It is envisaged that key HSCP work around Delayed Transfers of Care and Community Services Oversight will line with actions relevant to the Locality Plan and LPP thus ensuring the communities voice is heard at all times.