

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on:	11th September 2024	
Agenda Item:	12	
Title:	Update on Locality Working in Ayr North	
Summary:		
The purpose of this report is to provide an update to members of the IJB in relation to work that has been progressing within the Ayr North area.		
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Recommendations:		
It is recommended that the Integration Joint Board		
i. Note the contents of this report.		
Route to meeting:		
Discussions have taken place at Ayr North Locality Planning Partnership. Regular meetings updating on the progress of this work have also taken place with the DMT.		
Directions:	Implications:	
1. No Directions Required x	Financial	<input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>	HR	<input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>	Legal	<input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>	Equalities	<input type="checkbox"/>
	Sustainability	<input type="checkbox"/>
	Policy	<input type="checkbox"/>
	ICT	<input type="checkbox"/>

UPDATE ON LOCALITY WORKING IN AYR NORTH

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update to members of the IJB in relation to work that has been progressing within the Ayr North area.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- i. Note the contents of this report**

3. BACKGROUND INFORMATION

- 3.1 Locality Planning Partnerships across South Ayrshire were revitalised in 2023, with a refreshed Terms of Reference to reflect alignment to the Community Planning Partnership as well as the Integrated Joint Board. The geographical areas were amended slightly, which impacted on Ayr North Locality Planning Partnership (LPP). This LPP now has a focus on the area along the Whitletts corridor and part of the Town Centre.
- 3.2 Previous papers tabled at the IJB have referenced the profile data provided by Public Health Scotland, that show the significant health inequalities experienced within the Ayr North Locality.
- 3.3 The data from Public Health Scotland, coupled with other local data sources from service providers, and activity linked to, for example, learning from the Shaping Places for Wellbeing work, has highlighted activity and opportunities for whole system working that will benefit the Ayr North Locality.
- 3.4 A Locality Plan for Ayr North has been developed and was agreed at the Strategic Planning Advisory Group meeting in June 2024. The 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 Ayr North Locality.
- 3.5 As part of the ambition from the HSCP to a locality model of service planning and delivery, work has progressed within the HSCP to invest in progressing a mutli-disciplinary team focussing on Ayr North called Getting it Right for Ayr North (GIRFAN).
- 3.6 The work of the Working for Wallacetown Action Group now feeds in as a subgroup to the LPP, where previously it had sat as a Strategic Delivery Partnership within the Community Planning Structure.
- 3.7 This report provides an update for IJB members on each of these three key pieces of work.

4. REPORT

4.1 **Ayr North Locality Planning Partnership**

Ayr North Locality Planning Partnership (LPP) is one of six LPP's across South Ayrshire. The previous LPP for this geographical area covered Ayr North and included the villages of Mossblown, Tarbolton and Annbank. The refreshed LPP covers the area of the Whitletts corridor of North Ayr, and the majority of the town centre.

4.1.1 As the Senior Manager (Localities) role were introduced in 2024, each were charged with producing a Locality Plan.

4.1.2 Using a variety of platforms, including social media, distribution points and the substantial circulation list of the LPP, information seeking views from the community were sought. Engagement at the LPP allowed the data profile of the local community to be shared, with support from colleagues locally within NHS Ayrshire and Arran's Public Health Department, and also national support from analysts from within Public Health Scotland. This was further enhanced by local data sources from service providers.

4.1.3 Workshops within the LPP setting allowed members to consider the data profiles and whether they felt they reflected the locality or neighbourhood they lived in, whether there were gaps in data that would help inform the process, and consideration to emerging priorities.

4.1.4 Engagement with local community groups explored how community members felt about current services within the HSCP, and how services might be delivered differently in future, and gave the opportunity to further consider priorities.

4.1.5 Through this approach to communication and engagement with stakeholders, consideration to the evidence base and extensive analysis of population data, Ayr North identified 4 priority areas;

- Promoting Good Mental Health and Wellbeing
- Supporting an inclusive economy that reduces poverty and inequality.
- Reducing harms from Alcohol, Tobacco, and Drugs
- Supporting our ageing communities

4.1.6 The LPP welcomed a new Chair in June 2024, who has brought enthusiasm, commitment, and energy to the role. The group are committed to delivering on the priority areas and associated actions of the Locality Plan. The LPP is taking a thematic approach to the work of the group, with monthly meetings focussing on one of the four priority areas at a time. For August, and potentially September and October meetings, the focus has been Promoting Good Mental Health and Wellbeing. Adopting a workshop style approach to part of the meeting has allowed action discussions to take place with key

service providers and community groups, to consider how they can contribute to action to address this issue in Ayr North.

4.1.7 There has been good support from local services to the refreshed LPP. But work is required to increase the local community contribution. The HSCP Partnership Engagement Officer who supports the LPP is working hard to engage with community groups and individuals within the local communities to encourage growth of membership of the group. It is hoped that when the plan is refreshed in the coming years that this will be truly co-produced.

4.2 Getting it Right for Ayr North (GIRFAN)

4.2.1 Development of proposed team

4.2.2 As agreed by the Integrated Joint Board at their meeting in June 2023, a proposal to form a multi-disciplinary team, with a focus on Ayr North, will be implemented in 2024. This will bring together a number of existing posts, will strengthen the work with some newly identified posts, and has utilised the profiling information available for the local communities of Ayr North. The ongoing work of existing staff in the area also influenced the proposals for moving forward.

4.2.3 The work is referred to as Getting it Right for Ayr North (GIRFAN). Discussions around development and implementation of this post has taken place with colleagues from key disciplines across the HSCP, including nursing, social work, allied health professionals and primary care.

4.2.4 Staff who currently undertake roles within Mental Health Services, namely Homeless Charge Nurse and Homeless Staff Nurse, have been working with HR at NHS Ayrshire and Arran over a lengthy period with a view to updating their job descriptions. This process is not yet complete. However, it has been agreed that the posts will transition across to the Central Locality from 1 September 2024. In the initial stages of implementation of GIRFAN, the Clinical Nurse Manager within Central will take on the clinical lead. At the conclusion of HR activity, there will also be potential for Advanced Nursing support to the team. This role has had previous experience with our proposed target group and geographic area. A successful application was made to the Innovation Fund within the HSCP, and two Band 6 nurse roles have been funded. These posts are currently working through recruitment. With some adaption to current funds within the nursing team, there is the hope that a further nursing support worker post will be created. And there has been support from colleagues across the Allied Health Professionals and within the Community and Mental Health Practitioner workforce to give consideration to alignment of staff as the team progresses.

4.2.5 Clinical and Care Governance

4.2.6 The nature of the potential service users is that they will live with complexity, multiple conditions, social challenges and be the subject of a range of clinical and other services (including GPs, AHPs, Social Workers and Nursing staff across a number of disciplines). In a bid to have a manageable way to provide clinical and care oversight and governance, the lead professional for the respective disciplines in the HSCP were consulted and worked together to provide an agreed framework.

- Overall responsibility for the day-to-day operational delivery of the team will sit within the Senior Management structure of the Central Locality Team. The key staff overseeing the implementation of the work of the team will include the Senior Manager (Localities) and the Clinical Nurse Manager.
- Given the range of disciplines of staff involved operational decisions will sit within the line management structure of the GIRFAN team. Agreement of all aspects of PDR, authorisation of all aspects of leave, and operational supervision will be considered within this process.
- From a clinical and professional registration perspective, staff managed by individuals who are not registered within their own profession, will also require to receive supervision from a registered professional aligned to them on a regular basis.
- Any issues of a clinical or service specific nature that require to be escalated to Lead Officers, will be done so through the relevant Governance pathway, supported via the line management structure.
- Regardless of issues that may be highlighted and shared with relevant governance groups where required, it is suggested that each key Governance groups receives an annual update on progress of implementation for information. The suggested Governance groups that will receive these updates include Social Work Governance Board and Health Care and Governance.

4.2.7 Information and reporting

4.2.8 One of the key outcomes that GIRFAN hopes to achieve is reducing barriers to services and care for those most socially disadvantaged. As the team come together in early September, there are a number of aspects of development that requires to take place. In addition to standard HR processes, first and foremost risk assessments for the key areas the team will be working in will be undertaken. These are key to carrying out a robust, wraparound assertive outreach approach. This will include the homeless hostels locally. The support of the CNM will ensure this is completed, and the opportunity to engage with staff groups across the hostels will also take place

at this time. Positive relationship building across our partners will be vital. Paperwork including data collection methods and assessment tools will be reviewed, and Standard Operating Procedures for the new team created. Training on Care Partner will be organised for staff who have not had previous access to this. Thought will also be given to the support that Quality Improvement within NHS Ayrshire and Arran can offer to the team. We recognise that this is a developmental team and although we have utilised the demographic and community profiling information for Ayr North, we know that we will identify where needs lie as we progress and implement our activity.

4.2.9 Those experiencing homeless and those at risk of homeless are a key target group for the team. Discussions are also at an early stage with colleagues within The Promise team as those aged 16-26 who are care experienced, but not involved with any services and have no orders are another vulnerable group we believe would benefit from the work of the GIRFAN team. Looking to reduce attendance at A+E, GP presentation, contact with Out of Hours services are all areas of inequality for these groups of people. Working with Business Objects we hope to identify key quantitative measures that will demonstrate the impact of investment in the GIRFAN team. Equally important will be the patient journeys and qualitative evidence compiled. Work will progress with Care Opinion – creating a QR code specifically for GIRFAN that will be included in literature around the team.

4.2.10 A Steering Group will be created for the work of the team. It is proposed that this is a subgroup of the Ayr North LPP which allows governance to both Community Planning Partnership and IJB. It will include colleagues from the HSCP (from community nursing, social work, AHPs), from NHS and SAC (for example acute colleagues and Housing), ADP and other pertinent service providers. An implementation plan for the work, including a RAG status for all action, will be overseen by the group.

4.2.11 Monitoring and Evaluation

4.2.12 Work is underway with both Quality Improvement (to create and ensure ongoing review of a project charter) at NHS A+A and with UWS to progress a framework for evaluation. It is anticipated that data collection will be via a number of methods, including Care Partner, self-reporting quality of life tools, user feedback (creating loops via LPP to drive and shape future service delivery).

4.3 Working for Wallacetown

4.3.1 The partnership between Working for Wallacetown, Ayr North LPP and HSCP will fit in with our shared priorities and a great opportunity to ensure positive outcomes for the residents of Ayr North by working together. The four priorities of the LPP match the targeted focus in the area which will enhance the relationship with the community. Collectively we are already making a difference working in cohesion with one another and there is a positive momentum being developed with the Ayr North LPP.

4.3.2 Focused work in Wallacetown has been ongoing for a year now and there has been great progress in many areas. The 2021 Wallacetown Residents survey indicated that the top six priorities for the community were:

- Drug dealing
- Crime and anti-social behaviour
- Safety when out and about
- Litter and fly-tipping
- Dog-fouling
- Safety at home

4.3.3 The Working for Wallacetown approach – Relationships

4.3.4 Engaging directly with residents building trusting, meaningful relationships. Pro-Actively responding to the needs of residents, connecting people to appropriate services. Supporting residents to feel safe at home. Improving outcomes and doing the utmost to minimise the impact of poverty on the community, families, and especially children. Working in partnership with relevant services to improve health inequalities.

4.3.5 Days of Action work with Community Planning Partners commenced July 2023, below is some data to indicate the impact this work has had in the community by engaging directly with residents, building meaningful trusting relationships, and connecting people to appropriate services.

- Engagement with 689 residents
- Cases opened 1538
- 1759 Referrals to various services
- Total financial gain £322,095.22
- Average Financial Gain Per Case £430.03

4.3.6 Calls to Police Scotland since days of action work was introduced.



4.3.7 Increased partnership with Social Work Front Door Service is resulting in positive outcomes and joint working is easing pressure on services. The launch of GIRFAN will further strengthen the connection with Working for

Wallacetown and HSCP to improve health inequalities and make Wallacetown a place where people are safe, happy and choose to live.

4.3.8 Recent resident feedback survey indicates we are meeting the priorities of the residents with our pro-active work in the community;

- 88% residents say they have benefited financially from connecting with the Working for Wallacetown Team
- 79% residents reporting they feel safer at home having linked in with the team.
- 90% of residents reporting that they feel part of the community having connected with the team.

There are two community hubs in Wallacetown that provide a wide range of services to residents including cost of living, housing, benefits, money advice, social activities/hobbies, health, wellbeing, employment, and further education.

Community led action is resulting in positive change, the aim now is to continue the successful work and look towards improving the health inequalities with our partners.

5. STRATEGIC CONTEXT

5.1 The work outlined in this report will contribute to meeting the following key objectives:

We focus on prevention and tackling inequality

We nurture & are part of communities that care for each other

We work together to give you the right care in the right place

We help build communities where people are safe

We make a positive impact beyond the services we deliver

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 Financial implications have been agreed at HSCP Service level. A number of posts are being reconfigured to support GIRFAN activity. A successful bid to the Innovation Fund has also provided funding for 2 WTE nursing posts.

6.2 Human Resource Implications

6.2.1 Recruitment of staff is progressing through the NHS O&HRD process.

6.3 Legal Implications

6.3.1 N/A

6.4 Equalities implications

6.4.1 The activity outlined in this report have been put in place as a way to address the stark inequalities experienced by communities in Ayr North.

6.5 Sustainability implications

6.5.1 N/A

6.6 Clinical/professional assessment

6.6.1 Clinical/ Care governance has been considered and agreed as per the update for GIRFAN in body of the report.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 The work has been considered by, and involved, a range of HSCP staff including DMT/SMT members as well as work in partnership with colleagues in Mental Health, Homeless Nursing Team, and CPP colleagues.

8. RISK ASSESSMENT

8.1.1 The level of risk is low to the HSCP. Reputational risk in relation to the implementation of GIRFAN.

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APPENDICES

N/A

BACKGROUND PAPERS

N/A